

CLIENT INFORMATION

Application Date	Vendor Number	Client Number
Proposed Insured		Year Established
Address	City	State Zip
Contact Person Name	Contact Person Phone	Contact Person E-mail

PORTFOLIO BREAKOUT

Number of Loans	Coverage Requested
Outstanding Balance	<i>*must include a loan listing that includes data on loan level. It needs to include UPB, full address including city, state and zip in separate columns of excel spreadsheet</i>
Loan Paper Type (FICO scores shown below)	HO6
A: % B: % C: % D: % Less than D: %	HOA
650+ 620 - 649 580 - 619 550 - 579 Under 550	HOA & HO6
Properties Known to be Uninsured	Avg. Running Foreclosure Rate Avg. Running Default Rate
Number: Value:	
Are you a servicer of Fannie Mae or Freddie Mac loans? (HO6 may be out of compliance with Fannie/Freddie regulations)	Properties insured on current force-placed policy
Yes No	Number: Value:
Do you plan to purchase blocks of loans in the upcoming year? If yes, please list values of the proposed acquisition and loan paper quality	
Yes No	

GEOGRAPHIC BREAKDOWN

Provide a loan listing that includes unpaid principal balance, full address, including city, state and zip code in separate columns on excel spreadsheet.

Do you lend in first or second tier counties of AL, GA, LA, MS, NC, SC or TX? Yes No

Do you lend in Florida? Yes No

INSURANCE COVERAGE

Do you verify hazard insurance is in place at loan closing in all cases? Yes No

What system do you usually employ for this verification?

Does your mortgage agreement require borrowers to procure & maintain insurance in an amount of not less than the amount of the mortgagee interest & in compliance with any co-insurance clause in such insurance? Yes No

Describe procedures for tracking insurance prior to institution of this coverage:

Over the past 5 years have you experienced any physical damage losses that would have been covered under this insurance? If yes, provide loss amount, peril (fire, vandalism) and date. Include loss runs from force-placed program.

Current carrier, policy number & effective dates of policy:

Type of policy: Lender-Placed Blanket Other

Have you had any insurance coverage cancelled or non-renewed? Yes No If yes, provide details.

COVERAGE, LIMITS & DEDUCTIBLE DESIRED

Lower limit and higher deductible will result in a lower rate

Desired Limit:
(\$1m, \$2.5m, \$5m per occurrence)

Deductible Limit:
(\$1m, \$2.5m, \$5m per occurrence)

STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another person, who files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. This application becomes a part of the insurance policy if bound. I have read and fully understand the above information, as well as answered the questions to the best of my knowledge.

Requested By:

Send Materials to:

Authorized Client Signature (Required)

Date

* Optional Coverage / Endorsements Available Upon Underwriter Approval. | Note: This is not a Binder. Coverage will not be considered bound unless written confirmation is provided by Proctor Loan Protector.

STATEMENT: Applicable in AL, AR, DC, LA, MD, NM, RI, and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker of any agent thereof, any written statement as part of, on in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for purpose of misleading, information concerning and fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the state values of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes and false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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