

APPLICATION FOR MORTGAGE BROKERS ERRORS & OMISSIONS

THE LIABILITY POLICY THAT MAY BE ISSUED BASED UPON THIS APPLICATION PROVIDES CLAIMS MADE COVERAGE WRITTEN ON A NO DUTY TO DEFEND BASIS. DEFENSE COSTS ARE INCLUDED WITHIN THE LIMIT OF LIABILITY AND REDUCE THE LIMIT OF LIABILITY AVAILABLE TO PAY SETTLEMENTS AND JUDGMENTS AND MAY EXHAUST IT ENTIRELY. PLEASE READ THE POLICY CAREFULLY.

Note:

The Application **must** be signed by an executive officer.

If more space is required to answer a question, attach additional pages referencing the question number.

Please provide the following information with your application:

1. Copy of expiring Declarations Page (New Business Only).
2. Sample processing forms.
3. Sample loan correspondent contract.

APPLICANT INFORMATION:

1. Name of Applicant(s): _____
(Include names of all subsidiaries or affiliated companies to be insured, attach a separate sheet, if necessary)
2. Business Address: _____
3. City, State, Zip: _____
4. Phone: _____ Fax number: _____
5. The Officer designated as agent of the Company and all Insured Persons to receive any and all notices from the Insurer or their authorized representatives concerning this insurance: Title: _____
Name: _____ Email: _____
6. Applicant is: Sole Proprietor Partnership Corporation LLC Joint Venture Other: _____
7. Date Established: _____ (If less than three (3) years, attach resumes of all principals)
8. Website address(es): _____

9. Identify all principals, persons, or entities owning 10% or more of the Applicant's Company(ies), Parent Company (if any). Identify as the parent and indicate the percentage or ownership for each:

Name	Relationship	% Ownership
		%
		%
		%
		%
		%

CURRENT COVERAGE:

1. Does the Applicant currently carry Professional Liability/Errors & Omissions insurance covering Appraisal activities? Yes No

If **yes**, complete the following concerning the Applicant's expiring coverage and provide a copy of the Declarations Page your current coverage

Insurance Carrier	Limits	Deductible	RetroDate	Premium

2. Is the current carrier willing to renew coverage? Yes No

If **no**, provide details: _____

COVERAGE REQUESTED:

1. Effective Date Requested: _____
2. Limits Desired: \$100,000 \$250,000 \$500,000 \$1,000,000 Other: _____
3. Deductible (each claim): \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 Other: _____

STAFFING INFORMATION:

Staff	Number		Number
Principals/Owners		Clerical/Receptionist	
Servicers		Originators	
Underwriters		Processors	
Closers		All Others	
Total			

REVENUE INFORMATION:

1. What is the Applicant's estimated total annual revenue for the next 12 months? \$ _____
- Indicate the following for loans, handled in the last 12 months:

Service Area	# of Loans	Total Value	Avg. Value	Max. Value	% of Annual Revenue
Loan Origination					%
Loan Underwriting					%
Loan Servicing					%
Loan Warehousing					%

Describe any other services the Applicant provides: _____

2. Does the Applicant or any of the Applicant's employees or related entities perform property Appraisals? Yes No
3. Provide a percentage breakdown of mortgages originated in the following areas:

	Existing	New Construction
Residential		
Commercial (including income producing properties)		
Other: _____		

4. Estimated loans in Applicant's servicing portfolio requiring collection of Real Estate Tax escrow: _____%
5. Describe procedures in place to determine if real estate property taxes have been paid:
- _____
- _____
6. Does the Applicant fund loans via a warehouse line or any other means in the Applicant's name? Yes No
If **yes**, provide details: _____
- _____
7. Does the Applicant hold funded loans for more than eight (8) months? Yes No
If **Yes**, provide details: _____
- _____
8. Does the Applicant fund any loans without having advance written commitment from an investor? Yes No
If **yes**, provide details: _____
- _____
9. Does the Applicant have a fidelity bond? Yes No
10. Does the Applicant have written procedures for quality control compliance in:
- a) Truth in Lending Yes No
- b) Equal Credit Opportunity Yes No
- c) Real Estate Settlement Procedures Act Yes No
11. Describe the Applicant's internal audit practices and procedures (i.e. does the Applicant perform internal audits; which areas of services the Applicant provides are audited; how frequently are those audits performed, etc.) _____
- _____
12. Are there any external audits performed? Yes No
If **yes**, who performs them? _____
How frequent? _____
13. Have there been any complaints or criticisms as a result of an audit in the past two (2) years? Yes No
If **yes**, provide details: _____
- _____
14. Has the Applicant ever been rejected for application with an investor or had a correspondent relationship terminated with an investor? Yes No
If **yes**, provide details: _____
- _____
15. Are duties segregated so that no single individual has both custodial and accounting authority over the Applicant's funds and activities? Yes No
16. Does the Applicant attend closings/escrows? Yes No
If **yes**, describe your role: _____
- _____
- _____

17. What is the estimated total number of closings/escrows for the coming year? _____
18. Does the Applicant:
- | | | |
|--|-----|----|
| a) Perform escrow services according to written instructions only? | Yes | No |
| b) Require signatures on any changes to written instructions? | Yes | No |
| c) Require each person's work to be checked by another? | Yes | No |
| d) Require "good funds" at closing? | Yes | No |

CLAIMS INFORMATION: (Attach a five (5) year loss history report)

If a **Yes** answer has been given to any of the questions in this section, please provide complete details which should include but not be limited to the following:

- | | | |
|---|-----|----|
| 1. To the best of the Applicant's knowledge in the past 36 months, have any of its present Officers, principals, partners, directors, or employees been the subject of any investigation and/or disciplinary action by any government regulatory agency, certifying body, or government entity? | Yes | No |
| 2. To the best of the Applicant's knowledge in the past 36 months have any of the Applicant's present directors, officers, principals, owners, partners, salespersons, or employees been convicted of a felony? | Yes | No |
| 3. Is the Applicant aware of any fact, circumstance, situation, error, or omission that can reasonably be expected to result in a claim against the Applicant for the coverage being applied for? | Yes | No |
| 4. Have any claims, suits or proceedings been brought during the past five (5) years against the Applicant or its predecessors in business, affiliates; present directors, officers, principals, owners, partners? | Yes | No |
| 5. Has the Applicant reported the matters listed above to its current or former insurance carrier? | Yes | No |

Representation Statement

The undersigned declares that, to the best of their knowledge and belief, the statements in this Application, any prior Applications, any additional material submitted, and any publicly available information published or filed by or with a recognized source, agency or institution regarding business information for the Applicant for the 3 years prior to the Policy's inception [hereinafter called "Application"] are true, accurate and complete, and that reasonable efforts have been made to obtain sufficient information from each and every individual or entity proposed for this insurance. It is further agreed by the Applicant that the statements in this Application are their representations, they are material and that the Policy is issued in reliance upon the truth of such representations.

The signing of this Application does not bind the undersigned to purchase the insurance and accepting this Application does not bind the Insurer to complete the insurance or to issue any particular Policy. If a Policy is issued, it is understood and agreed that the Insurer relied upon this Application in issuing each such Policy and any Endorsements thereto.

The undersigned further agrees that if the statements in this Application change before the effective date of any proposed Policy, which would render this Application inaccurate or incomplete, notice of such change will be reported in writing to the Insurer immediately.

Firm Partner/Owner Signature:

Applicant Organization:

Name Printed:

Title:

Applicant Signature:

Date:

Broker Info

Broker Name:

Address:

Company Name:

Email:

Phone Number:

ADDITIONAL INFORMATION:

CLAIM SUPPLEMENTAL APPLICATION

Please read this entire Supplemental Application carefully before signing. Whenever used in this Supplemental Application, the term "Applicant" means the Named Insured(s). Please complete ONE Supplemental Application for EACH claim or incident.

Name of Applicant: _____

1. Name(s) of Claimant(s) or potential Claimant(s): _____

2. Name of Defendant(s) or potential Defendant(s): _____

3. Indicate: Incident (potential claim) Claim Lawsuit

(a) Date of alleged wrongful act, error or omission: _____

(b) Date Applicant became aware of the alleged wrongful act, error or omission: _____

(c) How did the Applicant become aware of the alleged wrongful act, error or omission: _____

4. Has the matter been reported to the current carrier: Yes No

Carrier Name : _____

Date Reported: _____

5. This matter is Open Closed

(a) If Closed, indicate the Total:

(1) Expense paid: \$ _____

(2) Damages paid: \$ _____

(b) If Closed indicate if: Court Judgment Out of Court Settlement Withdrawn

(c) If Open, indicate the Claimant Settlement Demand, if any: \$ _____

(d) If Open, indicate the Settlement amount offered by the Applicant: \$ _____

(e) If Open, indicate the amount of legal expenses paid to date: \$ _____

(f) If Open, indicate the Insurer's reserve for:

(1) Expenses: \$ _____

(2) Damages: \$ _____

6. Provide a detailed description of the claim or incident, including the allegations against the Applicant:

7. Please explain the corrective actions taken to prevent a similar claim or incident from reoccurring:

8. Attach a loss history report covering the last five (5) years if available

By signing this Supplemental Application, the Applicant understands and agrees that the information submitted herein and all attachments becomes a part of, is deemed attached to, and is subject to the same representations and conditions of, its application for professional liability insurance.

This Supplement Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant Organization: _____

Print Name: _____

Title: _____

Signature: _____

Date _____