



# Mortgage Protection Application

## Lender Information:

Lender's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Administrative Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Executive Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Year Established: \_\_\_\_\_ No. of offices other than above: \_\_\_\_\_

## Portfolio Information:

Residential Loans:

Total Number of Non-Escrowed Loans: \_\_\_\_\_ Total Number of Escrowed Loans: \_\_\_\_\_

Commercial Loans:

Total Number of Non-Escrowed Loans: \_\_\_\_\_ Total Number of Escrowed Loans: \_\_\_\_\_

Mobile Homes:

Total Number of Non-Escrowed Loans: \_\_\_\_\_ Total Number of Escrowed Loans: \_\_\_\_\_

	<i>Total Outstanding Loan Balances</i>	<i>Loan Count</i>
First Mortgages (excluding secondary market)	\$ _____	# of _____
Secondary Market Loans To Be Covered? Yes _____ No _____	\$ _____	# of _____
Second Mortgages / Home Equity Lines	\$ _____	# of _____
Commercial Real Estate Loans	\$ _____	# of _____
Delinquency Rate on loans to be insured?	_____ %	
Foreclosed Rate on loans to be insured?	_____ %	

Foreclosed: Total Number of loans in Foreclosure: \_\_\_\_\_

Are there any Unusual Exposures (i.e. condemned property, properties with existing damage, incomplete construction projects, etc)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Largest geographical concentration of loans (cities, counties, states): \_\_\_\_\_

\_\_\_\_\_

Percentage of loans in first tier counties: *(Counties that border the seacoast)* \_\_\_\_\_

Are you expecting any changes in your loan portfolio during the next 12 months? Yes: \_\_\_ No: \_\_\_

If yes, please provide details: \_\_\_\_\_

Are there any special needs that you would like to have met with your new insurance program?

**Foreclosed Properties:**

A. Number of foreclosures in the last 12 months: \_\_\_\_\_

	<u>Number</u>	<u>% Vacant</u>
Residential Dwellings (1-4 Units)	_____	_____%
Apartments (Over 4 Units)	_____	_____%
Small Business	_____	_____%
Manufacturing	_____	_____%

B. Do you use a property manager? Yes: \_\_\_ No: \_\_\_

If yes, please provide name of company: \_\_\_\_\_

If yes, do you require Errors and Omissions Coverage? \_\_\_\_\_

If not, who is in charge of the foreclosed property? \_\_\_\_\_

Do you inspect for unsafe conditions at properties? \_\_\_\_\_

C. If property is vacant, do you take the following actions to protect your interest?

1. Property secured against entry: Yes: \_\_\_ No: \_\_\_

2. Heat maintained or water disconnected and system drained: Yes: \_\_\_ No: \_\_\_

3. Ensure previous owner has no access: Yes: \_\_\_ No: \_\_\_

4. Property is inspected: Weekly: \_\_\_ Monthly: \_\_\_ Bi-Monthly: \_\_\_

5. In the event of foreclosure, what steps (if any) does the lender take to avoid vacancy?

\_\_\_\_\_

6. From lender's recent experience, what is the average length of time that properties have remained vacant? \_\_\_\_\_

Do you have foreclosed properties in a deteriorated condition? Yes: \_\_\_ No: \_\_\_

If yes, please describe: \_\_\_\_\_

Do you have properties with unrepaired damage caused by fire or vandalism?

Yes: \_\_\_ No: \_\_\_ If yes, please describe: \_\_\_\_\_

**Current Plan Information:**

Present carrier for force placed property: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

Present carrier for foreclosed property: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

Net Written Premium

(\*\*\*Please attach a current in force listing)

Current Year \$ \_\_\_\_\_

Last Year \$ \_\_\_\_\_

Previous Yr \$ \_\_\_\_\_

Does the foreclosed property policy include liability coverage? Yes: \_\_\_\_ No: \_\_\_\_

Have you ever had insurance declined or canceled in the past 3 years? Yes: \_\_\_\_ No: \_\_\_\_

If yes, please provide details: \_\_\_\_\_

Property and liability losses on force placed plan for the last 3 years. Please use additional page if necessary. (Please provide insurance company summary of premium and claim history if available).

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Coverage Information:** (To be completed by Golden Eagle representative)

Valuation Options:

**Residential**

**Commercial**

Replacement Cost: \_\_\_\_\_

Replacement Cost: \_\_\_\_\_

Actual Cash Value: \_\_\_\_\_

Actual Cash Value: \_\_\_\_\_

Force Placed Flood: Yes: \_\_\_\_ No: \_\_\_\_

Liability needed on foreclosures: Yes: \_\_\_\_ No: \_\_\_\_

Deductible: Residential: \_\_\_\_\_

Commercial: \_\_\_\_\_

Mobile Home: \_\_\_\_\_

Effective date requested: \_\_\_\_\_

It is the responsibility of the applicant to read and understand the contents of this application. The applicant declares that all information is true, correct and complete and that no material fact has been suppressed or misstated. The applicant further understands that incorrect or incomplete statements or information could void the coverage under the "Policy" issued from the information contained in this application. The applicant also understands that this application and all information attached thereto becomes part of their "Policy" if issued.

\_\_\_\_\_  
Signature of Applicant, Title

\_\_\_\_\_  
Signature of Agent, Broker

\_\_\_\_\_  
Date

\* THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:

- CURRENT OR EXPIRING CARRIER PREMIUM RATES AND DEDUCTIBLES
- CURRENT FORCE PLACED/REO PROPERTY SCHEDULE
- PREMIUM AND CLAIM HISTORY