GOLDEN EAGLE INSURANCE

BLANKET PROGRAM FOR REAL ESTATE PORTFOLIOS
Application for Quote/Coverage

Contact Information

Lender Name: _____

Lender Address: _____

City, State, Zip: _____

Contact Name: _____

Telephone: _____ Email: _____ Fax: _____

Mortgage Portfolio Data	Total Outstanding Loan Balances	Loan Count
Total Firsts to be covered (excluding secondary market)	*$	
Secondary market or loans serviced for others (if coverage desired)	*$	
Second Mortgages / Home Equity Lines	*$	
Commercial Real Estate Loans	*$	
Delinquency rate on loans to be insured over 30 days?		
Total of loans located in First Tier Coastal Counties	*$	
Loan Amounts from $1,000,000 to $2,500,000	$	
Loan Amounts $2,500,000 and above	$	

Please check if coverage is intended to be covered on the following property types:

Institutional (Schools, Jails, Hospitals, Retirement Homes)   Government Buildings,   Churches,   Larger Farming Operations,

LOANS NOT COVERED WITH COLLATERAL OF:
Railroad and Aviation Operations, Flour and Grain Mills, Explosives/Fireworks or Fuse Manufacturing-distribution or sales, Chemical Works, Oil and Gas Operations, Public Utilities, Lumber Mills, Logging and Mining Operations, Piers/Docs/Marinas. **Note: It is possible to cover these items for an additional charge - submit portfolio totals if coverage is desired.**

Current Force Placed Info	Year To Date		Last Year		Prior Year	
Force Placed Net Premium/Losses Incurred	$	$	$	$	$	$
Flood Net Premium/Losses Incurred	$	$	$	$	$	$
**REO Net Premium/Losses Incurred	$	$	$	$	$	$

Current Force Placed Provider and Agent _____

Do you verify insurance at closing and track insurance after closing?   Yes   No

If so, do you track internally or outsource tracking?If Outsourced, please name the outsourced tracking company. _____

_____

*All Balances and Loan must be included regardless of their size <u>including all Residential and Commercial Construction Loans.</u>
**REO: Bank owned property AFTER the sheriff's sale
Please provide a copy of the current force placed policy and in force listing, if possible.

I declare that all statements made in the application are true to the best of my knowledge. I understand that completion of this application does not constitute the binding of insurance and additional information may be necessary.

_____   _____
Signature of Applicant/Named Insured   Date

Golden Eagle Insurance | a: 9145 Miller Rd, Johnstown, Ohio 43031 | o: 800-461-9224 | f: 740-967-2305 |
e: info@goldeneagle-insurance.com

GEI 11/29/2018