



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