

Underwritten by:

- Scottsdale Insurance Company
- Scottsdale Indemnity Company
- Scottsdale Surplus Lines Insurance Company

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Scottsdale, Arizona 85258

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### PROTEQUITY LENDER APPLICATION

The following information is required for product coverage acceptance consideration. Approval and pricing are based upon satisfactory credit performance, default experience, lien position, loan-to-value ranges, loan underwriting, and delinquency/ collections procedures.

THIS APPLICATION IS IMPORTANT. PLEASE PROVIDE ALL REQUESTED INFORMATION TO THE FULLEST EXTENT POSSIBLE. In addition to completing this application, please attach copies of your current credit underwriting and collection procedures as well as a brief summary of your collection team. This information will assist in pricing the product to equate specific claims risk with credit standards. Your Sales Executive is available to assist you in preparing this application.

All data provided is considered proprietary and will be held in strict confidence.

|       |      |
|-------|------|
| DATE: | REP: |
|-------|------|

#### I. INSURED INFORMATION:

|                       |                 |
|-----------------------|-----------------|
| Named Insured:        |                 |
| Address:              | Client Contact: |
|                       | Contact Title:  |
| Dun & Bradstreet No.: | Phone:          |
| Fed. ID No.:          | Fax:            |
| Website:              | Total Assets:   |

#### II. LENDER TYPE (please check one):

- Bank       Credit Union       Other (describe): \_\_\_\_\_

#### III. PRIMARY LENDING AREA STATES (please provide the TOTAL PERCENT of loans generated from the following states):

|    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|
| AL | AK | AZ | AR | CA | CO | CT | DE | DC | FL |
| GA | HI | ID | IL | IN | IA | KS | KY | LA | ME |
| MD | MA | MI | MN | MS | MO | MT | NE | NV | NH |
| NJ | NM | NY | NC | ND | OH | OK | OR | PA | RI |
| SC | SD | TN | TX | UT | VT | VA | WA | WV | WI |
| WY |    |    |    |    |    |    |    |    |    |

#### IV. PRIMARY LENDING AREA ZIP CODES (please indicate top zip codes by loan production):

#### V. LOAN TYPE(S) YOU ARE SEEKING TO INSURE:

- Home Equity Line of Credit (HELOC)
- Closed-End Home Equity (HELOAN)
- Purchase Money Second
- Home Improvement (HI) - Unsecured
- Home Improvement (HI) - Secured

**VI. LOAN PERFORMANCE INFORMATION – CURRENT FISCAL YEAR**

*Complete only for loan type(s) selected above):*

| Description                     | HELOC | HELOAN | Purchase Money 2nd | HI Unsecured | HI Secured |
|---------------------------------|-------|--------|--------------------|--------------|------------|
| Total No. of Lines/Loans        |       |        |                    |              |            |
| Total \$ of Outstanding Balance |       |        |                    |              |            |
| Average Outstanding Balance     |       |        |                    |              |            |
| Average FICO Score              |       |        |                    |              |            |
| Minimum FICO Score              |       |        |                    |              |            |

**VII. TOTAL \$ PROJECTED INSURED LOAN VOLUME DURING NEXT 12 MONTHS**

| HELOC | HELOAN | Purchase Money 2nd | HI - Unsecured | HI - Secured |
|-------|--------|--------------------|----------------|--------------|
|       |        |                    |                |              |

**VIII. TO ORIGINATE DO YOU (please circle/complete all that apply):**

If you check no for questions a. through e. please provide details.

- a. Accept Internet Applications?.....  Yes  No
- b. Have Fraud Prevention Policies?.....  Yes  No
- c. Obtain Property Tax Bills? .....  Yes  No
- d. Analyze Full Credit Reports? .....  Yes  No
- e. Require a Copy of the Deeds?.....  Yes  No
- f. Utilize a CUSO? .....  Yes  No
- g. Determine Values Using:
  - Tax Bill? .....  Yes  No
  - Automated? .....  Yes  No
  - Drive-by? .....  Yes  No
  - Interior?.....  Yes  No

**IX.** Do you obtain consent from loan accountholders authorizing release of their financial information to credit reporting agencies, insurers, or governmental agencies?  Yes  No

**X. LOCAL EMPLOYMENT AND INDUSTRY**

1. Does any major employer provide twenty percent (20%) or more of jobs in your target market?.....  Yes  No  
 If yes, please provide the name(s) of the employer(s) and the type(s) of industry: \_\_\_\_\_

\_\_\_\_\_

2. Is there any major industry that employs twenty percent (20%) or more of the jobs in your target market? .....  Yes  No

If yes, please provide a description of the industry focus: \_\_\_\_\_

\_\_\_\_\_

The persons signing this **Application** declare that to the best of their knowledge the statements set forth herein and the information in the materials submitted herewith are true and correct and that reasonable efforts have been made to obtain sufficient information from all proposed **Insureds** to facilitate the proper and accurate completion of this **Application** for the proposed policy. Signing this **Application** does not bind the undersigned to purchase the insurance, but this **Application** shall be the basis of the contract should a policy be issued.

It is agreed by all concerned that the particulars and statements contained in this **Application** are true and shall be deemed material to the decision of the Insurer to issue the insurance. The undersigned agree that if after the date of this **Application** and prior to the effective date of any policy based on this **Application**, any occurrence, event or other circumstance should render any of the information contained in this **Application** inaccurate or incomplete, then the undersigned shall notify the **Insurer** of such occurrence, event or circumstance and shall provide the **Insurer** with information that would compete, update or correct such information. In such event, the **Insurer** in its sole discretion may modify or withdraw any outstanding quotation. The **Insurer** shall maintain on file this **Application**, including material submitted therewith, which shall be considered to be physically attached to and part of the Policy, if issued. The information requested in this **Application** is for underwriting purposes only and does not constitute notice to the **Insurer** under any policy of a **Claim** or potential claim. All such notices must be submitted to the **Insurer** pursuant to the terms of the Policy, if and when issued.

**FRAUD WARNING:** 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 the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** 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 or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or 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, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** 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 or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** 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 the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either digital signature, electronic signature, facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document. A POLICY CANNOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED AND DATED.**

**APPLICANT NAME AND TITLE:** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRODUCER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**AGENT NAME:** \_\_\_\_\_ **AGENT LICENSE NUMBER:** \_\_\_\_\_