

General Information

FDIC No _____ Date _____

Name of Applicant _____

Address _____

City _____ State _____ Zip Code _____

Representative authorized to receive notices on behalf of all persons and entities:

Name _____ Title _____

Email _____

Please attach or list below all entities, **including all Subsidiaries**, applying for coverage including name, description of operation and percentage owned.

Entity	Description of Operations	Percentage Owned

Coverage Desired

Please Check Coverage Desired	Residential Mortgages	Commercial Mortgages
<input type="checkbox"/> Forced Order Hazard Coverage: Force placed coverage protects the bank against collateral loss in the event the borrower has failed to provide acceptable insurance – either uninsured or underinsured. Foreclosed coverage provides the bank physical loss and general liability coverage for REO properties. <input type="checkbox"/> Firsts <input type="checkbox"/> Seconds <input type="checkbox"/> Equity Lines/Loans	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Forced Order Flood Coverage: Coverage that protects the bank against collateral loss in the event of a flood where the borrower has failed to obtain adequate insurance. <input type="checkbox"/> Firsts <input type="checkbox"/> Seconds <input type="checkbox"/> Equity Lines/Loans	<input type="checkbox"/>	<input type="checkbox"/>

Portfolio Characteristics

Residential Mortgages	Mortgage Loan Values (\$)	Number of Mortgages	Largest Mortgage Value (\$)	Number of Originations next 12 months
First Mortgages				
Second Mortgages				
Equity Lines/Loans				

Portfolio Characteristics *Continued*

Commercial Mortgages	Mortgage Loan Values (\$)	Number of Mortgages	Largest Mortgage Value (\$)	Number of Originations next 12 months
First Mortgages				
Second Mortgages				
Equity Lines/Loans				

Lending Characteristics

1. Please provide the percentage of total Mortgages:

	Residential Mortgages %	Commercial Mortgages %
Percent of Conventional Financing		
Percent of FHA/VA Financing		
Percent of Real Estate Owned		
Percent of Delinquent Loans		

2. How many foreclosures in the last 12 months: Residential _____ Commercial _____

3. What is the dollar value of the mortgage chargeoffs for the last 12 months:

Residential \$ _____ Commercial \$ _____

State Breakdown

Please complete information for all states the bank provides mortgages. Include residential and commercial mortgages in totals.

State	Outstanding Mortgage Balance	Total Number of Mortgages	Estimated Mortgage Originations Next 12 Months
Alabama			
Connecticut			
Delaware			
Florida			
Georgia			
Hawaii			
Louisiana			
Massachusetts			
Maryland			
Maine			
Mississippi			
North Carolina			
New Hampshire			
New Jersey			
New York			
Pennsylvania			
Rhode Island			
South Carolina			
Texas			
Virginia			
All Other States			

Risk Management

	Yes	No
1. Do you use an automated Loan Tracking Service? If yes , name of Servicing Company _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Current Hazard Insurance		
a. Do you currently force place Hazard Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
b. How many properties have you force placed or foreclosed in the last 12 months? _____		
c. Name of the current Lender Placed Carrier _____		
d. Current Rate per \$100: Residential _____ Commercial _____		
e. What is the loss ratio of the bank's current Hazard program over the last 12 months? _____		
3. Force Placed Flood Insurance		
a. Does the bank currently force place Flood Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
b. Name of the current carrier _____		
c. Current Rate per \$100: Residential _____ Commercial _____		
d. Name of Flood Determination Provider _____		
4. Requested Limits		
a. Hazard Coverage Limits Requested: Residential _____ Commercial _____		

In order to obtain a quote, loss experience for the previous three years must accompany this application.

I understand that the policy will be issued in reliance upon the authority contained therein. I state that all information is accurate to the best of my ability and belief.

Representation Statement

Any person who knowingly and with intent to defraud any insurance company or another person, who 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 the person to criminal and civil penalties. This application becomes a part of the insurance policy if bound. I have read and fully understand the above information, as well as answered the questions to the best of my knowledge.

I/We hereby declare that the above statements and particulars are true, that I/we have not suppressed or misstated any material facts and I/we agree that this Proposal Form shall be the basis of the Contract with Underwriters.

Fraud Warnings

Applicable in AL, AR, DC, LA, MD, NM, RI, AND WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CA: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO: 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 policyholder or claimant for the reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

State Breakdown Continued

Applicable in KS: 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 of any agent thereof, any written statement as part of, on 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.

Applicable in KY, NY, OH and PA: 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 purpose of misleading, information concerning and fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the state values of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes and false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Authorized Applicant

Print Name _____

Signature _____

Title _____

Date _____

Agent Name _____

Signature _____

License # _____

Submit Application to:

ABA Insurance Services Inc.
3401 Tuttle Road, Suite 300 • Shaker Heights, OH 44122
Telephone (800) 274-5222 • Fax (800) 456-6590 • www.abais.com