

If you complete this Application, you do not need to complete Acord Applications.

Instructions for Completion: Please attach a list of properties proposed for this coverage, including: Date Acquired, Address, Total Insured Value (bank's insurable Interest), Appraised Value, Square Footage, Building Type (residential, commercial or vacant land), Occupancy (vacant, occupied, partially occupied), and Number of Stories. If a Statement of Values template is needed, go to: <https://www.abais.com/applications>.

FDIC No. _____ Date _____
 Name of Applicant _____
 Address _____
 City _____ State _____ Zip Code _____

General Information

1. How many foreclosures/repossessions have been conducted in the last 12 months?			
Residential (1-4 Family) _____	Commercial _____		
		Yes	No
2. Are physical inspections made on properties within 48 hours of foreclosure?		<input type="checkbox"/>	<input type="checkbox"/>
3. After the initial inspection, indicate how often inspections are conducted thereafter:			
<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly			
4. Are necessary repairs documented and made promptly on all properties?		<input type="checkbox"/>	<input type="checkbox"/>
5. Are locks changed once the bank takes possession?		<input type="checkbox"/>	<input type="checkbox"/>
6. Are all properties properly winterized?		<input type="checkbox"/>	<input type="checkbox"/>
7. Do any of the properties proposed for coverage have "high risk" exposures such as:			
a. Water Features (undrained swimming pools, hot tubs, fountains, waterfalls, etc.)?		<input type="checkbox"/>	<input type="checkbox"/>
b. Machines including but not limited to tractors, bobcats, golf carts or all-terrain vehicles?		<input type="checkbox"/>	<input type="checkbox"/>
c. Construction Debris (e.g. piles of metal or lumber)?		<input type="checkbox"/>	<input type="checkbox"/>
d. Play Equipment such as trampolines, bounce houses or climbing walls?		<input type="checkbox"/>	<input type="checkbox"/>
8. Is any property involved with a marijuana or marijuana-related business (e.g. tenants, previous owners, crops, etc.)?		<input type="checkbox"/>	<input type="checkbox"/>

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.

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