MORTGAGE LENDER SECURITY PROGRAM APPLICATION

Agent Name _____

Agent Code _____

Sub-Producer Code (if any) _____

Agent Address _____

Name of Lender _____

Address _____

City, State, Zip _____

Date of Application _____

	Number of Loans	Dollar Amount
Total Outstanding Mortgages		
Total Residential		
Total Commercial		

Breakdown by number of mortgages, outstanding balance and residential/commercial for top 10 state exposure:

	Number of loans	Dollar Amount

What other states are required for coverage? _____

Average Limit of Mortgage:

Residential	
Commercial	

Requested Deductible:*

Residential	
Commercial	

☐ Check here if Fannie Mae deductible requirements apply to all loans.

*A mandated 2% wind deductible applies to all tier one properties in all states except FL, where the entire state is subject to a 2% wind deductible.

Requested Property Limits:

Residential	
Commercial	

Other endorsements or coverage requested? _____

	Yes	No	Outstanding Balance	Deductible
Blanket First Mortgage?	☐	☐		
Blanket Second Mortgage?	☐	☐		
Blanket Condominium?	☐	☐		

	Yes	No	Limits Requested	Deductible
REO Property Coverage?	☐	☐		
REO CGL?	☐	☐		N/A
Flood Coverage?	☐	☐		

Premium/Losses for each of the last three years:

	Number of loans	Dollar Amount	Loss Ratio
Current Year or YTD			
Prior Year			
2nd Prior Year			

	Yes	No	States	Deductible
Wind Only Policy?	☐	☐		
Flood Policy?	☐	☐		
Terrorism Policy?	☐	☐		
Mine Subsidence (IL, IN, KY, OH, WV)?	☐	☐		

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.

Notice to Ohio Applicants: Any person who, with intent to defraud or knowing that he or she 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.

Note: This is not a Binder.

Agent Name _____

Agent Signature _____

Date _____

Financial Institution Authorized Signature _____

Date _____