

General Information

FDIC No _____ Date _____

Name of Applicant _____

Address _____

City _____ State _____ Zip Code _____

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

Applicant's Mortgage Portfolio

Note: Value should, where possible, exclude the value of loans secured solely by land. For the purpose of this insurance, Mortgage includes Home Equity Loans and Second Mortgages.

- | | | |
|---|---------------------------------|--------------------------------|
| 1. Does Applicant's standard Mortgage Agreement require borrowers to procure and maintain insurance in an amount of not less than the amount of Applicant's mortgage interest including, at a minimum, the perils of fire and extend coverage, and in compliance with any commercial policy coinsurance clause? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 2. Does the Applicant require being named as mortgagee on the mortgagor's insurance policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the Applicant require hazard policies for mortgaged properties to be provided by insurance companies with a rating of at least "B" from AM Best's policyholder ratings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. For loans serviced on the Applicant's behalf by others, does the Applicant require that servicers carry their own E&O insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. What is the average life of the Applicant's recently paid up loans? _____ Years | | |
| 6. Does the Applicant check that insurance required of the mortgagor is in force at loan closing and annually thereafter? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the Applicant force place Hazard Insurance when necessary? | <input type="checkbox"/> | <input type="checkbox"/> |
| Flood Insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Carriers _____ | | |
| Describe the tracking method used: | | |
| 8. Does the Applicant's force-placed program include the "Automatic Coverage Endorsement"? | <input type="checkbox"/> | <input type="checkbox"/> |

Applicant's Mortgage Portfolio Continued

9. Provide the number of foreclosures completed and the number of mortgages outstanding for each of the last three calendar years:

Year Ended	Total Number of Mortgages Outstanding	Number of Foreclosures	Average Balance of Loans Foreclosed

10. Over the past 12 months, what was the average length of time prior to sale of foreclosed property? _____

11. Provide average percentage of mortgages that were 90 days or more delinquent over the past 12 months _____ %

12. Estimated number and value of loan originations over the next 12 months, broken down as follows:

Type of Loan	Number	Value
Residential (1-4 Family) Mortgages		
Commercial Mortgages		

13. Breakdown of all mortgages (including Commercial, Seconds and Home Equity Loans)	Number	Value
a. Number of mortgages serviced by Applicant for own interest (<i>wholly or part owned</i>)		
b. Number of mortgages serviced by Applicant for others (<i>no mortgage interest</i>)		
c. Number of mortgages serviced by others for Applicant's interest (<i>wholly or part owned</i>)		
d. Total numbers of mortgages both owned & non-owned but serviced (<i>i.e., (a)+(b)+(c)</i>)		

14. Number and value of ALL loans in 13(d) above that are located in:

State	Number	Percentage in 1st Tier Counties	State	Number	Percentage in 1st Tier Counties	State	Number	Percentage in 1st Tier Counties
Alabama			Maine			New York		
Florida			Maryland			North Carolina		
Connecticut			Massachusetts			Rhode Island		
Delaware			Mississippi			South Carolina		
Georgia			New Hampshire			Texas		
Louisiana			New Jersey			Virginia		

15. Provide the Number and Value of loans for each category:

Type of Loan	Number	Value
Commercial Mortgages only		
2nd Mortgages & Home Equity Loans		
Mobile Homes only		
Mortgages in excess of \$1,000,000		

16. Provide the outstanding balance of the 5 largest loans:

a.	d.
b.	e.
c.	

17. Approximate percentage of serviced loans subject to VA, FHA, SBA or other Mortgage Guarantee Insurance _____ %

Applicant's Mortgage Portfolio Continued

18. What procedures are followed to give proper notice of delinquency to mortgage guarantors?

19. State approximate percentage number of loans on which Applicant "escrows" for:

Hazard Insurance _____ % Life & Disability _____ % Real Estate Taxes _____ %

20. What procedures does the Applicant employ to monitor payment of Real Estate Taxes?

21. If the Applicant services loans for FHLMC, FNMA and/or GNMA provide the following:

	# of loans	UPB
a. Number of loans for FHLMC	_____	_____
b. Number of loans for FNMA	_____	_____
c. Number of loans for GNMA	_____	_____

22. If the Applicant has agreed to undertake custodial services for FHLMC, FNMA and/or GNMA, complete (d), (e) & (f) below:

	# of loans	UPB
a. Number of loans for FHLMC	_____	_____
b. Number of loans for FNMA	_____	_____
c. Number of loans for GNMA	_____	_____

d. Description of the location, fire protection & security provided by Applicant for these files:

e. Details of back-up records in existence in case of loss to the original files:

f. Details of how the Applicant controls & tracks file access, removal & return:

23. If the Applicant requires mortgagors to obtain Title Insurance and/or the equivalent, as appropriate to local practice at loan closing, provide the following:

a. Percentage of loans on which evidence is required at loan closing _____ %

b. Description of these requirements:

c. Description of Applicant's loan policy provisions with respect to title examinations/searches:

d. Estimated number of mortgage loans to be made in next 12 months _____

Geographic Breakdown of Loans

Note: In the following, include those loans in which the Applicant has a mortgage interest (wholly or part owned) only (i.e., loans declared in Applicant's Mortgage Portfolio Q13 (a) + (c) only)

Do not include loans owned by other than the Applicant. "Value" should, where possible, exclude the value of loans secured solely by land.

- Total number of mortgages (wholly or partially owned) numbered in Applicant's Mortgage Portfolio Q13 (a) + (c) _____
- Total value of mortgages (wholly or partially owned) numbered in Applicant's Mortgage Portfolio Q13 (a) + (c) \$ _____

Area division of mortgages numbered and valued above

States	Number	Value	States	Number	Value
All States (excluding those states listed below)		\$	Hawaii		\$
North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana, Texas		\$	Kentucky		\$
Alaska		\$	Missouri		\$
Arkansas		\$	Oregon		\$
California Counties, including: Contra Costa, Alameda, Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Solano & Sonoma Monterey, San Benito, Santa Cruz, Santa Clara Los Angeles Orange Kern, St. Luis Obispo, Santa Barbara, Ventura, San Diego, Alpine, Imperial, Inyo, Mono, Riverside, San Bernadino All other counties not included above		\$	Puerto Rico		\$
		\$	Tennessee		\$
		\$	Washington		\$
		\$	Other (please specify)		\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

Previous Mortgage Protection Policy

Carrier		Deductible	
Policy Period		Limit of Liability	
Agent		Premium	

Loss History

	Yes	No
1. Has the Applicant been declined, cancelled or non-renewed in the past 3 years? If Yes, state circumstances, including the current year:	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the Applicant suffered any losses during the past 5 years, including the current year, or is the Applicant aware of any circumstances likely to give rise to a loss under any section of the policy? If Yes, give details:	<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