



Mortgage Hazard Insurance Application

INSTITUTION NAME			
ADDRESS			
CITY/STATE/ZIP	STATE	ZIP	
CONTACT NAME			
EMAIL ADDRESS			
CONTACT PHONE	FAX		

PLEASE CHECK COVERAGE DESIRED	Residential Mortgages	Commercial Mortgages
<input type="checkbox"/> Forced Order Hazard Coverage	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Blanket Hazard Coverage	<input type="checkbox"/>	<input type="checkbox"/>

PORTFOLIO CHARACTERISTICS	Residential	Commercial
Mortgage Dollars Outstanding	\$	\$
Average Mortgage Amount	\$	\$
Number of First Mortgages Currently in Portfolio		
First Mortgage Originations for Next 12 Months		
Number of Second Mortgages in Portfolio		
Second Mortgage Originations for Next 12 Months		
Number of Home Equities / Line of Credit		
Equity Line Originations for Next 12 Months		

STATE BREAKDOWN	Outstanding Balance	Number of Mortgages	New Mortgages Next 12 Months
ALABAMA			
CONNECTICUT			
DELEWARE			
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			



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LENDING CHARACTERISTICS	RESIDENTIAL		COMMERCIAL	
	A		A	
Percent of Financing by Credit Quality	B		B	
	C		C	
	D		D	
Percentage of Conventional Financing		%		%
Percentage of FHA / VA Financing		%		%
Percentage of Real Estate Owned		%		%
Delinquency Percentage		%		%
Foreclosures for Last 12 Months				
Mortgage Chargeoffs for Last 12 Months		\$		\$

RISK MANAGEMENT			
Do you use an automated Loan Tracking Service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Servicing Company			
Do you currently force place Hazard Insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Lender Placed Policies Issued in Last 12 Months			
Policy Issuing Company			
Current Rate per \$100.00			
Current Hazard Program 12 Month Loss Ratio			
Hazard Coverage Limits Requested			
	\$		\$

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

REQUESTED COVERAGE EFFECTIVE DATE: _____

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.

_____ authorized signature date printed name title