



MORTGAGE BANKERS PROFESSIONAL LIABILITY, MORTGAGEE'S E&O AND/OR MORTGAGE BANKERS FIDELITY BOND APPLICATION

Notice: The limit of liability available to pay judgments or settlements shall be reduced by amounts incurred for defense costs. Amounts incurred for defense costs shall be applied against the deductible amount.

Note: No information provided by this application or along with this application shall be deemed to report a claim. Such notice should be made as instructed by the policy.

Please attach the following to the application:

- Applicant's most current annual audited financial statement.
- Current Résumé(s) of the applicant's principal(s).
- Copy of latest audit of internal controls and procedures along with management's response *if accomplished.

APPLICANT

Name of Applicant			
Principal Address		City	State
County	Applicant Website Address		Applicant Main Phone Number
Contact Person	Contact Email Address	Applicant has been continually operating since (MM/DD/YYYY)	

DESIRED LIMITS & DEDUCTIBLES

Professional Liability	Limit <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Other: _____	Deductible <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000
Mortgagee's E&O	Limit <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Other: _____	Deductible <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000
Bond	Limit <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Other: _____	Deductible <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000

COMPANY STRUCTURE

Entity <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership			
Is the Applicant a Mortgage Banker? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, check all boxes applicable to the Applicant: <input type="checkbox"/> Retail Lender <input type="checkbox"/> Wholesale Lender <input type="checkbox"/> Correspondent Lender	
Is the Applicant a Mortgage Banker? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, does the Applicant have a table funding arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the Applicant currently a member of the Mortgage Bankers Association of America? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List all entities/subsidiaries to be covered, and the percentage of ownership the Applicant has in each entity:		Identify all persons or entities owning 25% or more of any Applicant and indicate the percentage of ownership for each:	
Name	Percentage	Name	Percentage
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %

Does the Applicant provide Title and/or Escrow services through a division of their company or does the Applicant own or is the Applicant affiliated with a Title and/or Escrow company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , please attach details, and answer the following: 1. Are borrowers given the choice to not use the services provided by these affiliated companies? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Does the Applicant, or any of its branches, share the same physical address as the related Title and/or Escrow company? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Does the Applicant and the related Title and/or Escrow company share employees? <input type="checkbox"/> Yes <input type="checkbox"/> No
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EMPLOYEES & LOCATIONS

Total number of all W2 employees including owners	Total number of 1099 independent contractors working for, and under an enforceable contract with, the Applicant
Number of locations, including the Home Office, to be considered for coverage	Of the total number of locations, including the Home Office, how many have complete underwriting authority and can fund loans directly off the Applicant's warehouse line of credit? (Do not include locations that perform table funding in the total.)
Is the Applicant considered a Net Branch of another company? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Net Branches

Does the Applicant have any Net Branches? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , complete this Net Branches section. If No , continue to the FINANCIAL INFORMATION section.	
How many Net Branches does the Applicant have?	What is the Applicant's percentage of ownership in each Net Branch? _____ %	
Are all managers and employees of the Net Branches considered to be W2 employees of the Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the Applicant handle all accounting and payroll services for the Net Branches? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are the Net Branches allowed to underwrite a loan from start to finish without review from a corporate office? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can the Net Branches fund loans directly off the Applicant's warehouse line of credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can the Net Branches broker loans to outside wholesale lenders? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can the Net Branches originate loans across state lines under the Applicant's company licenses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can the Net Branches originate FHA loans with the Applicant's approval? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , Are these FHA loans issued in the name of the Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do the Net Branches operate under a separate name or a d/b/a name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , list all the separate names or d/b/a names of the Net Branches	

FINANCIAL INFORMATION

Most Recent Fiscal Year End Date of Applicant	Year to Date as of	Current Year Projected	NOTE: Gross Receipts means ALL Revenues (NOT Originations) derived from Mortgage Banking and/or Mortgage Brokering activities performed by the Applicant, all applicable Subsidiaries and all Branches (including Net Branches) to be covered under these policies PRIOR to any expenses. NOTE: If this is a start-up company, please list only your current balance sheet information and your projected GROSS RECEIPTS over the next 12 months.
_____	_____	_____	
BALANCE SHEET INFORMATION			
Cash	\$ _____	\$ _____	
Total Assets	\$ _____	\$ _____	
Total Equity	\$ _____	\$ _____	
INCOME STATEMENT INFORMATION			
Gross Receipts	\$ _____	\$ _____	
Net Income	\$ _____	\$ _____	
Distributions	\$ _____	\$ _____	
Approximately what percentage of the Applicant's Gross Receipts valued above are attributed to:			
1. Mortgage Banking (Retail, Wholesale and/or Correspondent Lending): _____ %			
2. Mortgage Broking (Table-Funded and/or Brokered Loans): _____ %			
Total: 100%			

ORIGINATION

If None, check None, and proceed to the APPRAISALS section. Otherwise, complete this ORIGINATION section. <input type="checkbox"/> None	
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ALL Retail, Correspondent, Table Funded or Brokered Loans closed during the past 12 months for all Applicants to be insured:				What is the average FICO score for ALL Retail, Correspondent, Table Funded or Brokered Loans, and Wholesale Mortgage Loans to be insured, listed in this ORIGINATION section?
LOAN PORTFOLIO	DOLLAR VALUE	NUMBER	% CONSTRUCTION	
1-4 Family	\$ _____	_____	_____ %	
Multi-family / Commercial	\$ _____	_____	_____ %	
Second Mortgages / HELOC	\$ _____	_____	_____ %	
Total	\$ _____	_____	_____ %	
ALL Wholesale Mortgage Loans closed during the past 12 months for all Applicants to be insured:				
LOAN PORTFOLIO	DOLLAR VALUE	NUMBER	% CONSTRUCTION	
1-4 Family	\$ _____	_____	_____ %	
Multi-family / Commercial	\$ _____	_____	_____ %	
Second Mortgages / HELOC	\$ _____	_____	_____ %	
Total	\$ _____	_____	_____ %	
Is any Applicant a Wholesale Lender? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, 1. What percentage of the Applicants' wholesale loan volume is underwritten by the Applicant? _____ % 2. Does the Applicant pay a fee and/or yield spread premium to Mortgage Brokers that are not based on actual services rendered? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Does the Applicant perform proper due diligence, which includes verification of proper licensing, background checks and a MARI report on their corresponding Mortgage Brokers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What percentage of ALL 1-4 family loans listed above were: (Note: Total below does not need to equal 100%)				
Fixed Rate _____ %	Manufactured Homes _____ %	Balloon _____ %	Hard Money _____ %	
Interest Only _____ %	Reverse Mortgages _____ %	ARMs _____ %	Conventional _____ %	
Optional ARM's _____ %	FHA / HUD / VA Loans _____ %	Low Doc / No Doc _____ %	Jumbo _____ %	
Refinances _____ %	Subprime* _____ %	Above 100% LTV _____ %	Other _____ %	
FHA / HUD / VA Loans _____ %	FHA / HUD / VA Loans _____ %	FHA / HUD / VA Loans _____ %	FHA / HUD / VA Loans _____ %	
*Subprime, for application purposes only, means a FICO score below 620 and any loans of B-quality or less.				

APPRAISALS

Does the Applicant require all appraisers to be state licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are appraisals performed by in-house employees or employees of a related entity? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant perform a review of all appraisals? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the Applicant have an approved list of appraisers on file? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are appraisals provided on a rotating basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the Applicant use non-approved appraisers? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, does the Applicant warrant that it will immediately develop and implement a system of checks and balances and perform on going due diligence of all appraisers to be kept on file? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant require its approved appraisers to maintain at all relevant times Professional Liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

INVESTORS / WAREHOUSE LENDERS

Does the Applicant have a Seller/Servicer status with: 1. Fannie Mae <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Freddie Mac <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Ginnie Mae <input type="checkbox"/> Yes <input type="checkbox"/> No 4. HUD (As a Direct Endorsement Lender) <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes to any, is Applicant currently in compliance with all minimum Net Worth requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
By dollar volume, what percentage of originated loans are: 1. Sold to GSEs _____ % 2. Sold to other institutional investors _____ % 3. Sold to individual investors _____ % 4. Held in Applicant's portfolio _____ % 5. Securitized by Applicant _____ % Total 100%		Does the Applicant have full underwriting authority on the lender's or investor's behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant obtain funds using a Warehouse Line of Credit facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, list all Warehouse Lenders and the corresponding Limit on the Line of Credit	
What percentage of the Applicant's loans is closed using a warehouse line of credit? _____ %	What is the average dwell time of a loan on the Applicant's warehouse line of credit? _____ days	Do all of the Applicant's warehouse lenders hold the original mortgage and note as collateral? <input type="checkbox"/> Yes <input type="checkbox"/> No

Do all of the Applicant's loans have a take-out commitment prior to funding? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No , what is the percentage of loans that do not have a take-out commitment prior to funding? _____ %	Have any warehouse lenders ever terminated a line of credit of the Applicant's? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SERVICING

Are all loans sold servicing-released? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , proceed to the INTERNAL CONTROLS section. If No , complete this SERVICING section.	
ALL Loans currently serviced:		Percentage of loans in servicing portfolio where Applicant sub-services loans for other entities: _____ %
LOAN PORTFOLIO	DOLLAR VALUE	NUMBER
1-4 Family	\$ _____	_____ %
Multi-family / Commercial	\$ _____	_____ %
Total	\$ _____	_____ %
Estimated % of loans in the Applicant's servicing portfolio that requires the collection of:		Does the Applicant require that it be named as "mortgagee" in a Standard Mortgage Clause on all hazard/flood insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Hazard Flood Insurance Escrow	_____ %	
2. Real Estate Tax Escrow	_____ %	
3. Life, A&H or AD&D Insurance Premium	_____ %	
4. PMI Premium	_____ %	
Does the Applicant annually verify hazard/flood coverage on all mortgages serviced? <input type="checkbox"/> Yes <input type="checkbox"/> No	When necessary does the Applicant "force place" coverage using a "forced place" insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant have a formal written procedure in place to determine if real estate property taxes have been paid? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many properties have been foreclosed on within the past 12 months?	What percentage of the servicing portfolio is more than 30 days delinquent? _____ %	

INTERNAL CONTROLS (OTHER THAN EXTERNAL AUDIT PROCEDURES)

Does the Applicant currently utilize a Fraud Detection service? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , 1. What percentage of the Applicant's loans are tested? _____ % 2. What firm(s) is the applicant using for their Fraud Detection service?	
Does the Applicant currently utilize Predatory Lending software? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , 1. What percentage of the Applicant's loans are tested? _____ % 2. What firm(s) is the applicant using for their Predatory Lending service?	
Is there a formal, planned program requiring segregation of duties so that no single transaction can be fully controlled from origination to posting by one person? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No , does the Applicant warrant that it will immediately develop and implement a system of checks and balances so that no single transaction can be fully controlled from origination to posting by one person other than a 100% owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are bank accounts reconciled by someone not authorized to deposit or withdraw? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No , does the Applicant warrant that there are controls in place to mitigate this risk unless all reconciliations are performed by a 100% owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is countersignature of checks required over \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No , does the Applicant warrant that there are controls in place to mitigate this risk unless all checks are signed by a 100% owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the Applicant have formal written Quality Control procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No , does the Applicant warrant that it will establish and implement a formal written quality control procedure immediately? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What percentage of all loans originated go through Quality Control reviews? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are borrower and investor escrow funds maintained in segregated custodial accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No , does the Applicant warrant that it will establish separate accounts for escrow funds within the next 60 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the Applicant have written policies and procedures with regard to RESPA, TILA, HOEPA, Fair Housing Act, and the Equal Credit Opportunity Act? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the Applicant use regulatory compliance software? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the Applicant require call back procedures from the bank on all outgoing wire transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No

CURRENT COVERAGE

Is Applicant's Principal Address located in Missouri? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No , Applicant must complete this CURRENT COVERAGE section
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Does the Applicant currently carry Professional Liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , provide the following information: Insurance Company name: _____ Limit: \$ _____ Deductible: \$ _____ Premium: \$ _____ Expiration Date: _____ Retroactive Date: _____	Has any Professional Liability or similar insurance ever been declined or canceled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant currently carry Fidelity Bond insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , provide the following information: Insurance Company name: _____ Limit: \$ _____ Deductible: \$ _____ Premium: \$ _____ Expiration Date: _____	Has any Fidelity Bond or similar insurance ever been declined or canceled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Applicant currently carry Mortgagee's E&O insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , provide the following information: Insurance Company name: _____ Limit: \$ _____ Deductible: \$ _____ Premium: \$ _____ Expiration Date: _____ Retroactive Date: _____	Has any Mortgagee's E&O or similar insurance ever been declined or canceled? <input type="checkbox"/> Yes <input type="checkbox"/> No

CLAIMS

NOTE: It is agreed that if such knowledge or information exists, and is excluded, any claim or action arising therefrom is excluded from the proposed coverage.

Has the Applicant had or does the Applicant know of any violations or alleged violations with regard to any of the following: 1. Home Ownership and Equity Protection Act (HOEPA) <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Real Estate Settlement Procedures Act (RESPA) <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Truth In Lending Act (TILA) <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Fair Housing Act or Equal Credit Opportunity Act <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Any other Local, State, or Federal consumer protection or privacy laws <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , please attach details
Have any of the Applicants principals ever been the subject of disciplinary action by authorities as a result of their professional activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , please attach details
Has the Applicant or its predecessors in business or any person or entity proposed to be insured ever been the subject of any claim or lawsuit with regard to the coverage's being applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , please attach details
Does any person or entity proposed to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim(s), suit(s), investigation(s) or action(s) under a Professional Liability Policy, Mortgagee's E&O Policy and/or Fidelity Bond Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , please attach details
Has the Applicant discovered or incurred a loss or potential loss in excess of \$15,000 for any of the following: 1. Employee Dishonesty / Fidelity <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Forged Documents / Checks <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Burglary, Robbery or Theft <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Obtaining / Maintaining Mortgagor's Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Real Estate Tax Payments <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Other <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , please attach details
Over the past 24 months, has the Applicant been requested or required to repurchase, or provide indemnify on, any loan(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , 1. How many loans has the Applicant been requested or required to repurchase? _____ What is the aggregate principal amount of these loans? \$ _____ 1. How many loans has the Applicant been requested or required to provide indemnify on? _____ What is the aggregate amount requested for these loans? \$ _____ 1. What is the current status of all loans requested or required to be repurchased and/or loans required to provide indemnity on? Please attach details
Has any principal, director, officer or employee had a professional license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , please attach details
Has the Applicant received any inquiries from any regulators or commenced any internal investigations regarding any of their business practices? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , please attach details
Have there been or are there now pending, any claim(s), suit(s), demands for arbitration, or administrative / regulatory actions(s) (including, but not limited to, any investigation) against any past or present person or entity proposed for insurance under the proposed coverage forms in connection with mortgage lending products, practices or activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , please attach details

FRAUD STATEMENTS

NOTICE TO APPLICANTS: 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 the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties

ALABAMA: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."

ARKANSAS: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

COLORADO: "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 purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies."

DISTRICT OF COLUMBIA: "WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant."

FLORIDA: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

HAWAII: "For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both."

KENTUCKY: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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."

LOUISIANA: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

MAINE: "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 or denial of insurance benefits."

MARYLAND: "Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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."

NEW JERSEY: "Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

NEW MEXICO: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

NEW YORK: "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 the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

OHIO: "Any person who, with intent to defraud or knowing that he 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."

OKLAHOMA: "WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

PENNSYLVANIA: "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 the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

RHODE ISLAND: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

TENNESSEE: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

VIRGINIA: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

WASHINGTON: "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."

WEST VIRGINIA: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

PUERTO RICO: "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 a 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."

AUTHORIZATION

Note: This Application must be signed by the Owner, President, Chairman, CEO, board member or Risk Manager of the Applicant acting as the authorized agent of the person(s) and entity(ies) proposed for this insurance

Producer: _____

Applicant Signature: _____

Address: _____

Title: _____

Date: _____

NEW YORK APPLICANTS: PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, NEW YORK INSURANCE DEPARTMENT REGULATIONS REQUIRE THAT THIS SIGNED STATEMENT BE ATTACHED TO THE POLICY.

The insured hereby acknowledges that he/she/it/ is aware that the limit of liability contained in any policy issued shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the Insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of any policy.

The Insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

Insured: _____

By: _____

Title: _____

Date: _____



Surety One, Inc.

SuretyOne.com

Underwriting@SuretyOne.com

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38 Greensboro Drive, Toronto ON M9W 1E1

WE'VE MADE IT EASY FOR YOU TO COMPLETE AND SUBMIT THIS APPLICATION

TWO EASY WAYS TO COMPLETE THIS APPLICATION — PRINT OR DIGITAL

For PRINT completion:

1. Print this PDF.
2. Complete the application with a black pen by legibly writing your responses in the applicable fields.
3. Use one of the following ways to submit the completed application:
 - a. Scan, then email the pages to Underwriting@SuretyOne.com or your assigned underwriter
 - b. Mail the pages to our Raleigh NC address (listed above)
 - c. Fax the pages to 919–834–7039

For DIGITAL completion:

1. Download this PDF to your computer.
2. Open the file in a PDF editor, such as Adobe Acrobat Reader DC (available for free here: <https://get.adobe.com/reader/>).
3. Complete the application by typing and clicking your responses in the applicable fields.
4. Save your updated file to your computer by going to File > Save as...
5. Use one of the following ways to submit the completed application:
 - a. Attach the PDF to an email, and send to Underwriting@SuretyOne.com or to your assigned underwriter
 - b. Upload the PDF to the form on www.suretyone.com/contact-us

Note: Incomplete applications may result in processing delays.

Mortgage banker bonds can be complex. Obtaining sufficient coverage for large operations can require primary and excess coverage layers as carrier appetite is often limited. Working with a knowledgeable underwriter is imperative. National surety bond leader, Surety One, Inc. is a specialist in the bonding needs of the mortgage loan origination, banking and brokering services industry. We offer both the surety and fidelity bonds required of mortgage professionals in ALL fifty states, Puerto Rico and the U.S. Virgin Islands. Do you operate in multiple jurisdictions? We can help! Visit us at SuretyOne.com, call (800) 373-2804 or email us at Underwriting@SuretyOne.com to discuss your mortgage banker bond or mortgage lender bond needs.