



Application for Blanket Hazard Insurance for 2nd Mortgages and Equity Loans

Insured Name _____

Address _____

PORTFOLIO INFORMATION

Loan Type	No. Loans	Outstanding Balance	Largest Balance	Maximum Lending Limit
Consumer Loan - First Position				
Consumer Loan - Subordinate Position (Including subordinate HELs and HELOCs)				
2nd Mortgage (Residential)				
2nd Mortgage (Commercial)				
TOTALS				

Please provide a schedule (including address and amount) of all loans greater than \$1,000,000

1. Do you confirm the existence of insurance on the collateral before you originate an Equity Loan or 2nd mortgage? Yes, or No

2. Describe procedures for tracking insurance prior to the purchase of this coverage (applicable only for applicants who do not currently purchase this coverage):

3. Will you continue to track insurance on certain 2nd Mortgages or Equity Loans after this coverage is effective? If yes, please advise of the criteria for when you will track insurance:

4. Locations of Loans – List all states where loan properties are located: _____
(If loans are located in more than your home state and surrounding states, provide a summary of loans by state including number of loans and outstanding balance.)

5. % of Loans currently delinquent: _____ Credit Quality: A: _____ %, B: _____ %, C & D: _____ %

6. Over the past 5 years have you experienced any losses to collateral that would have been covered under this insurance? Yes, or No
If yes, provide loss amount, peril (fire, vandalism), and date _____

7. Requested Coverage Limit: _____

8. Requested Deductible (\$1,000 is standard): _____

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.

I have read and fully understand the above information, as well as answered the questions to the best of my knowledge.

Authorized Representative's Signature on behalf of the Name Insured

Date