



**PROPOSAL FOR MORTGAGE BANKERS / BROKERS BLANKET BOND, MORTGAGE ERRORS & OMISSIONS
AND PROFESSIONAL INDEMNITY INSURANCE**

1. Applicant Name: _____
2. Principal Address: _____

3. Website (if available): _____ Date Established: _____
4. Nature of Business: _____

5. Revenue Details

	Last Year	Current Year	Estimated Next Year
Gross Fiscal Revenue			
Fee Income / Commission			
Profit			

6. Employee Numbers: Loan Origination _____ Locations: _____
 Loan Servicing _____ (including principal office)
 Independent Contractors _____
 Other _____ Are any of the locations Net Branches?
 TOTAL _____ Yes No

- 7.(a) Loan Origination: Please provide the number and dollar value of the following: (if none check box here , if a start up, please provide estimates)

Income Property	No. _____	\$ _____
1-4 Family	No. _____	\$ _____
Second Mortgages	No. _____	\$ _____
Construction	No. _____	\$ _____
TOTAL	No. _____	\$ _____

- (b) Loan Servicing: Please provide the number and dollar value of the following: (if none check box here , if a start up, please provide estimates)

Income Property	No. _____	\$ _____
1-4 Family	No. _____	\$ _____
Second Mortgages	No. _____	\$ _____
Construction	No. _____	\$ _____
TOTAL	No. _____	\$ _____

- 8.(a) Are you involved in sub-prime lending? Yes No
- (b) If yes, what percentage of your lending portfolio is attributable to sub-prime? _____%
- (c) Please provide a paper quality breakdown of your lending portfolio:
- | | |
|----------------|--------|
| 'A' Paper | _____% |
| 'Alt. A' Paper | _____% |
| 'B' Paper | _____% |
| 'C' Paper | _____% |
| 'D' Paper | _____% |
9. Do you have vendor / servicer status with:
- | | |
|-------------|--|
| Freddie Mac | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fannie Mae | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ginnie Mae | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- 10.(a) Is there an internal audit department responsible for the oversight and review of internal audit programs? Yes No
- (b) Is an independent CPA audit carried out? Yes No
- (c) If yes, by whom: _____
- (d) How frequently are independent CPA audits carried out? _____
- (e) Are all locations audited? Yes No
- (f) Are any of these audits carried out on a random basis? Yes No
- 11.(a) During the past 5 years, have you discovered any losses or potential losses in respect of Bond, Mortgage Errors & Omissions or Professional Indemnity? Yes No
- (b) Do you have any knowledge or information of any facts or circumstances which could give rise to a claim?
(Please attach details if applicable) Yes No

The Applicant declares and warrants that after enquiry, to the best knowledge of all persons to be insured that the statements set forth herein and in any attachments made hereto are true and no material facts have been suppressed omitted or misstated. Underwriters reserve the right to deny or rescind coverage on any Policy that is issued as a result of this Application if, in the statements set forth herein and in any attachments made hereto it is found that material information has been omitted, suppressed or misstated.

Underwriters also reserve the right to amend the terms, conditions and limitations, coverage of any Policy that is issued as a result of this application, if subsequent to the date of this application, but prior to the inception date of such policy, there are any material alterations to the information contained herein. In the event of such material alteration, as aforesaid, the Applicant agrees to give immediate written notice to Underwriters and such notice shall attach to and form part of this application.

Signing this application does not bind the Applicant or Underwriters to complete the Insurance, but it is agreed that the statements and particulars contained herein will be relied upon by Underwriters should a Policy be issued.

This application is signed on behalf of all Owners, Partners, Shareholders, Corporate Officers and Employees.

AUTHORISED SIGNATURE OF APPLICANT _____
Must be a principal of the Applicant and a person at risk

TITLE _____

DATED _____