

Submit for Quote Approval

Please FAX us your application and supporting documents.

FAX 888 272-7550

We will FAX back a competitive response as soon as AIG responds.

Don't Forget! (We Need These Items.)

1. Loss Runs if renewing.
2. A detailed resume of experience if new in business.
3. ACORD 125 Commercial App

American International Companies®

Name of Company to which application is made:

(herein called the Company)

MORTGAGE BANKERS/MORTGAGE BROKERS ERRORS AND OMISSIONS INSURANCE APPLICATION

IF AN ERRORS AND OMISSIONS POLICY IS ISSUED, IT WILL BE ON A CLAIMS MADE BASIS

NOTICE: THIS IS A CLAIMS MADE FORM, EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN. THE COVERAGE OF THIS POLICY IS LIMITED GENERALLY TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE INSURER WHILE THE POLICY IS IN FORCE. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE AGENT OR BROKER.

NOTICE: THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR DEFENSE COST. AMOUNTS INCURRED FOR DEFENSE COSTS SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

PLEASE ATTACH THE FOLLOWING INFORMATION TO THE APPLICATION

- Annual Financial Information on Applicant
• Latest Resumes of the Principals
• Copy of latest audit of internal controls and procedures along with management's response
• Marketing/Promotional Literature

1. NAME OF APPLICANT: _____
(List all insureds, including Employee Benefit Plans)
PRINCIPAL ADDRESS: _____

2. Desired coverage
a) E & O (limits/deductible) _____ / _____
b) Bond (limits/deductible) _____ / _____

3. Applicant is a (check appropriate box): Corporation [] Partnership [] Individual []

4. Year Established _____

5. Is the Applicant controlled, owned or associated with any other firm, corporation or company? Yes [] No []
If "Yes", attach an explanation.

Are any Mortgage Banking Activities provided to these enterprises? Yes [] No []
If "Yes", approximately what percentage of gross revenues? _____

6. a) Number of professionals _____
b) Number of non-professionals(clerks, secretaries, etc.) _____
c) Total number of salaried officers, employees and persons provided by employment contractors _____
d) Number of locations (other than the Home Office) in the U.S., Canada, Puerto Rico and Virgin Islands _____
e) Number of locations outside the U.S., Canada, Puerto Rico and Virgin Islands, _____
Please list locations: _____

7. To what professional association(s) does the applicant belong?

8. Complete the following:
(a)As of latest Dec. 31 \$ Total Assets _____
(b)As of latest June 30 \$ _____

9. List the total gross receipts for the past three years derived from Mortgage Banking Activities.

	YEAR	AMOUNT
a)	Current Projected	_____
b)	_____	_____
c)	_____	_____
d)	_____	_____

For the receipts listed above, please give the approximate receipts derived from the following

	% OF GROSS RECEIPTS
Loan Originating	_____
Loan Servicing	_____
Loan Sales	_____
Interest Income	_____
Other (Specify) _____	_____
TOTAL	100%

10. ORIGINATION

a) First Mortgage Loans Originated during past 12 months

<u>Loan Portfolio</u>	<u>Dollar Value</u>	<u>Number</u>	<u>%Construction</u>
1-4 Family	_____	_____	_____
Multi-family	_____	_____	_____
Commercial	_____	_____	_____
Other (Specify)	_____	_____	_____
Total	_____	_____	_____

b) Second Mortgages _____

c) List five largest loans originated during past 12 months

	Name of Project/Client	Loan Amount
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____

d) Are in-house reviews of appraisals done? Yes No

e) What procedures are followed to insure that proper hazard/flood insurance is in place at closing? _____

11. SERVICING

<u>Loan Portfolio</u>	<u>Dollar Value</u>	<u>Number</u>	<u>ARM's</u>
1-4 Family	_____	_____	%
Multi-family	_____	_____	%
Commercial	_____	_____	%
Other (Specify)	_____	_____	%
Total	_____	_____	%

b) List five largest loans serviced:

	Name of Project/Client	Outstanding Balance
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____

- c) Estimated % of loans in the Applicant's servicing portfolio that requires the collection of:
- | | |
|-------------------------------------|-------|
| Hazard Flood Insurance Escrow | _____ |
| Real Estate Tax Escrow | _____ |
| Life, A&H or AD&D Insurance Premium | _____ |
| PMI Premium | _____ |
- d) Does the Applicant require that it be named as "mortgagee" in a Standard Mortgage Clause on all hazard/flood insurance? Yes No If "No", please explain

- e) Does the Applicant annually verify hazard/flood coverage on all mortgages serviced? Yes No If "No", what procedures are in place to maintain the adequacy of hazard/flood coverage? _____

- f) When necessary does the Applicant "force place" coverage using a "forced place" insurance company? Yes No
- g) What are the procedures to determine if real estate property taxes have been paid?

12. GEOGRAPHIC BREAKDOWN OF LOANS
 List the five states where the most loans are originated and/or serviced:

	STATE	APPROXIMATE % OF TOTAL
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____

13. SELLING/MARKETING

- a) Approximate percent of loans sold during the past twelve months that are guaranteed by the following entities?
- | | |
|-------------------|-------|
| FNMA | _____ |
| GNMA | _____ |
| FHLM | _____ |
| Private Investors | _____ |
- b) What percent of the loan portfolio has been sold "with recourse"? _____
- c) Have any loans during the past twelve months been "put back" to the Applicant other than for "recourse" reasons (i.e. documentation deficiencies, etc.)
 Yes No If "Yes", # of loans _____, aggregate principal amount \$ _____

14. Were any recommendations or criticisms made in the most recent audits and have all recommendations or criticisms been corrected?

	Recommendations	Corrected
Internal	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
External	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

- a) Is a complete external audit made in accordance with generally accepted auditing standards and so certified?
 Yes No If "No", explain the scope of the CPA's examination. _____
- b) Name and location of CPA _____
- c) Date of completion of the last audit by CPA _____
- d) Is the audit report rendered directly to all partners if a partnership or to the Board of Directors if a corporation? Yes No
- e) Is there a continuous internal audit by an Internal Audit Department? Yes No
 If "Yes", are monthly reports rendered directly to all partners if a partnership or to the Board of Directors if a corporation? Yes No
- f) Are money and securities actually counted and verified? Yes No
- g) How often are loan balances verified? _____

15. INTERNAL CONTROLS (Other than External Audit Procedures)

- a) Do you require annual vacations of at least two consecutive weeks for all personnel? Yes No
- b) 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? Yes No
- c) Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes No If "No", please explain _____
- d) Is countersignature of checks (including escrow accounts) required? Yes No If "No", please explain _____
- e) Are monthly statements (whether or not there was activity in the account) mailed directly to all customers? Yes No If "No", please explain _____

16. Has there been any change in ownership or management within the past three years? Yes No If "Yes", please explain _____

17. Has any similar insurance been declined or canceled? Yes No If "Yes", please explain _____

(Missouri applicants are not required to answer this question)

18. Is similar coverage currently in force? Yes No If "Yes", please provide:

E&O
Name of Carrier _____
Expiration Date _____
Limit of Liability _____
Deductible _____
Premium _____
Length of time in force _____

19. Have any of the firms principals ever been the subject of disciplinary action by authorities as a result of their professional activities? Yes No If "Yes", please explain _____

20. During the past twelve months, have any allegations been made against the applicant for violations of the Truth-In-Lending-Act, the Equal Credit Opportunity Act or the Real Estate Settlement Procedures Act? Yes No If "Yes", attach details.

21. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim? Yes No
If "Yes", please attach full particulars.

22. Attach a list and status of all errors and omissions/professional liability claims made against any proposed Insured(s) during the past three years. Check if none

23. Attach a detailed list of all bond losses sustained during the past three years, whether reimbursed or not, from _____ to _____. Check if none
(month, date, year) (month, date, year)

24. It is agreed with respect to questions #20, #21, #22, #23 and #24, that if such knowledge or information exists any claim or action arising therefrom is excluded from this proposed coverage.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY/BOND BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE PART OF THE POLICY/BOND. THE UNDERSIGNED APPLICANT DECLARES THAT TO THE BEST OF HIS KNOWLEDGE THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY/BOND IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGE.

NOTICE TO NEW YORK 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 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: 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 AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA 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 INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO FLORIDA APPLICANTS: 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 IN THE THIRD DEGREE.

PRODUCER: _____	APPLICANT'S SIGNATURE _____
ADDRESS: _____	TITLE: _____
_____	DATE: _____

NEW YORK APPLICANTS: PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY/BOND 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 this policy/bond 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 this policy/bond.

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: _____

ACORD COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE

PRODUCER		PHONE (A/C, No, Ext):	CARRIER	NAIC CODE:	UNDERWRITER
CODE:		SUB CODE:	POLICIES OR PROGRAM REQUESTED		
AGENCY CUSTOMER ID		INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER	GARAGE AND DEALERS
		PROPERTY	INSTALLATION/BUILDERS RISK	VEHICLE SCHEDULE	
		GLASS AND SIGN	ELECTRONIC DATA PROC	BOILER & MACHINERY	
		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS	COMMERCIAL GENERAL LIABILITY	WORKERS COMPENSATION	
		CRIME/MISCELLANEOUS CRIME	BUSINESS AUTO	UMBRELLA	
		TRANSPORTATION/ MOTOR TRUCK CARGO	TRUCKERS/MOTOR CARRIER		

STATUS OF SUBMISSION		PACKAGE POLICY INFORMATION			
<input type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
BOUND (Give Date and/or Attach Copy):		PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN
DATE	TIME			DIRECT BILL	AUDIT
	AM			AGENCY BILL	
	PM				

NAME (First Named Insured & Other Named Insureds)		FEIN OR SOC SEC # (of First Named Ins):	MAILING ADDRESS INCL ZIP+4 (of First Named Insured)		
		PHONE (A/C, No, Ext):			
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/> NOT FOR PROFIT ORG	CR BUREAU NAME	ID NUMBER
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> LIMITED CORPORATION			YEAR BUS STARTED
INSPECTION CONTACT		PHONE (A/C, No, Ext):	ACCOUNTING RECORDS CONTACT	PHONE (A/C, No, Ext):	

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
			<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT		
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
			<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT		
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
			<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT		

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				8. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
4. ANY CATASTROPHE EXPOSURE?				10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?						
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO						

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE
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PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
	MODIFICATION FACTOR																
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)											CHK HERE IF NONE	SEE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM				DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS			
									OPEN			
									CLOSED			
									OPEN			
									CLOSED			
REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY												

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.