



Lender-placed Flood Application

7400 New LaGrange Road, Suite 412, Louisville, KY 40222-4870
888-685-8442 | 502-894-9059 FAX

Client Number:		Application Date:	
Name of Institution:			
Address:		Sales Rep:	Segment: BROK
City, State, Zip code:		CSR	Processing Fee:
Contact Person / Title:		Email:	
Decision Maker / Title:		Email:	
Phone:		Fax:	
Portfolio Information			
Number of loans in your mortgage servicing portfolio:		Count of loans by state <u>including insured value and property addresses</u> : (Must be Attached)	
Are you a seller/servicer of Fannie Mae or Freddie Mac loans? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you provide lending in coastal states? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Loan type needing coverage: Lender-placed <input type="checkbox"/> REO <input type="checkbox"/> Both <input type="checkbox"/>		If yes , please provide a detailed listing of properties, including property addresses and values.	
Residential real estate loans:		Number of REO/ORE (foreclosures):	
Commercial real estate loans:		Number of properties to be placed at inception:	
Do you have contents only loans? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of current insurance provider:	
Do you have loans for which the borrower does not have sufficient insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>		Current insurance tracking device:	
Percentage of properties owned or REO: %		Name of mortgage servicing system:	
Percentage of portfolio on which you have granted a mortgage: %		Are you servicing loans on behalf of others? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Percentage of your business renting and/or refurbishing properties? %		If yes , what percentage of the investor's business is renting and/or refurbishing properties? %	
Deductible Options			
(Circle one)		A 5% surcharge must be added to listed rates if \$750 deductible is chosen.	
Preferred Deductible: \$1000 <input type="checkbox"/> \$750 <input type="checkbox"/>			
Coverage Start Date: / /			
Optional Endorsements			
Concurrent Coverage – Addtl. Rate: 0.05/\$100:		Yes <input type="checkbox"/> No <input type="checkbox"/>	

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 who 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. This application becomes a part of the insurance policy if bound. I have read and fully understand the above information, as well as answered the questions to the best of my knowledge.

Authorized Signature

Date

* Optional Coverage available upon underwriter approval

** This is not a binder. Coverage will not be considered bound unless written confirmation is provided by Lee & Mason Financial Services, Inc.