



Bridge60[®] Flood Application

Lender-Placed Flood Insurance

Client Information

Client Number	Vendor Number	Application Date	Sales Rep:	Segment
Name of Institution			CSR:	Processing Fee
Address (if mailing address is different from corporate, include both)				
City		State	Zip	
Contact Person Name		Contact Person Title	Contact Person E-Mail	
Decision Maker Name		Decision Maker Title	Decision Maker E-Mail	
Phone Number		Fax Number		

Portfolio Information

Number of Properties Serviced in Mortgage Portfolio	Count of loans by state including insured value and property addresses: (Must Be Attached)
Percentage of Properties owned or REO %	Do you provide lending in coastal states? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide a detailed listing of properties, including property addresses and values.</i>
Loan type needing coverage <input type="checkbox"/> Lender-Placed <input type="checkbox"/> REO <input type="checkbox"/> Both	Number of properties to be placed at inception
Number of Residential Loans	Name of current insurance provider
Number of Commercial Loans	Current insurance tracking device
Do you have contents only loans? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was your program non-renewed or cancelled by your previous carrier?
Do you have loans that the borrower does not have sufficient limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of mortgage servicing system
Percentage of portfolio on which you have granted a mortgage %	Are you servicing loans on behalf of others? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what percentage of the investor's business is renting and/or refurbishing properties</i> %
Percentage of your business renting and/or refurbishing properties %	
Are you a seller/servicer of Fannie Mae or Freddie Mac loans? <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional information may be required for the underwriting process

Deductible Options

Preferred Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$750	A 5% surcharge must be added to listed rates if \$750 deductible is chosen.
Coverage Start Date	Note: Your expiration date will match that of your Mortgage Guard, if applicable

Optional Endorsements

Concurrent Coverage – Additional Rate: 0.05/\$100: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reporting Method <input type="checkbox"/> Internet <input checked="" type="checkbox"/> InForcer
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X

Authorized Client Signature (Required) _____

Date _____

* Optional Coverage Available Upon Underwriter Approval • Note: This is not a Binder. Coverage will not be considered bound unless written confirmation is provided by Proctor Financial, Inc.

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. 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.

Proctor Financial Internal Use Only

Internet: Login: _____ Password: _____	Inforcer: Login: _____ Password: _____
Comments	Carrier _____ Comm. % _____ Agent _____ Comm. % _____ Filer _____ PFI _____
Where should materials be sent to: Agent: _____	Direct: _____
Billing Mode: _____	Requested By: _____ New Policy Number: _____