



REO Guard® Application

Real Estate Owned Hazard Insurance

Client Information

Client Number		Application Date	
Name of Institution			
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 owned through Foreclosure or deed in lieu	What percentage of properties do you hold the mortgage as mortgagee? %
Number of Properties owned due to purchase	Percentage of Rented and/or Refurbished Properties %
Number of Properties Serviced in Mortgage Portfolio	Number of Properties by State: (Must Be Attached)
Are you a seller/servicer of Fannie Mae or Freddie Mac? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have coastal state properties? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide a detailed listing of properties, including property addresses and values.</i>
Property Type Coverage <input type="checkbox"/> REO <input type="checkbox"/> Lender-Placed <input type="checkbox"/> Both	Are you servicing properties on behalf of others? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide a detailed listing of properties, including property addresses and values.</i>
Number of Residential Properties	Number of Properties to Be Placed at Inception
Number of Commercial Properties	Name of Current Insurance Provider
Last 12 Months Premium \$	Current Insurance Tracking Device
12 Months Claims (please attach 3 year history) \$	Name of Mortgage Servicing System
Additional information may be required for the underwriting process	Was your program non-renewed or cancelled by your previous carrier?

Optional Coverage/Endorsements*

Premises Liability <input type="checkbox"/> Yes <input type="checkbox"/> No	Foreclosure and Demolitions (F&D) <input type="checkbox"/> Yes <input type="checkbox"/> No
Flood (Bridge60®) <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate F&D Amount (\$1,000 to \$5,000 Available) \$
Flood Commercial Contents <input type="checkbox"/> Yes <input type="checkbox"/> No	Trust Properties <input type="checkbox"/> Yes <input type="checkbox"/> No
Automatic/Bulk Acquisition <input type="checkbox"/> Yes <input type="checkbox"/> No	Ordinance or Law <input type="checkbox"/> Yes <input type="checkbox"/> No
Vacant Theft (Residential) <input type="checkbox"/> Yes <input type="checkbox"/> No	Earthquake <input type="checkbox"/> Yes <input type="checkbox"/> No
All-Risk (Commercial) <input type="checkbox"/> Yes <input type="checkbox"/> No	Outsourcing Services <input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial Contents & Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what level? <input type="checkbox"/> Notifications <input type="checkbox"/> Partial <input type="checkbox"/> Full
Farm Contents & Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	
Farm Property (Occupied & Vacant) <input type="checkbox"/> Yes <input type="checkbox"/> No	Hazard Insurance Binding Limit Per Property \$

Additional Services (all additional services require a separate application to be completed)

Blanket Home Equity <input type="checkbox"/> Yes <input type="checkbox"/> No	Flood Determination Service <input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage Impairment Errors & Omission <input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate Tax Services <input type="checkbox"/> Yes <input type="checkbox"/> No

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.

Requested By: _____

Send Materials to: _____

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.