



MORTGAGEHOLDER'S ERRORS AND OMISSIONS AND MORTGAGEHOLDER'S IMPAIRMENT APPLICATION

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed First Named Insured And Other Named Insured(s):		Today's Date:
Mailing Address:		
Policy Number:	Web Address:	
Proposed Effective Date (mm/dd/yyyy):	Proposed Expiration Date (mm/dd/yyyy):	Date Business Started (mm/dd/yyyy):

COVERAGE INFORMATION

Coverage	Limits Of Insurance Requested		
Combined Errors And Omissions Limit of Insurance for: <ul style="list-style-type: none"> Mortgageholder's Interest; Property Owned or Held in Trust; Mortgageholder's Liability Real Estate Tax Liability; and Mortgage Guaranty Protection 	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$3,000,000
	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> Other \$ _____

If requesting Mortgageholder's Impairment Optional Coverage, complete the following section. If not, skip and move on to next section.

Mortgageholder's Impairment coverage only applies to those mortgages that have an outstanding principal balance equal to or less than the Mortgage Principal Balance Maximum Limit	Requested Mortgage Principal Balance Maximum Limit: \$ _____	Number of loans with an outstanding principal balance equal to or less than the requested Mortgage Principal Balance Maximum Limit: _____
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MORTGAGE LOAN ACTIVITY

Types Of Covered Mortgages	Number Of Mortgages	Largest Single Mortgage
Owned		\$ _____
Serviced		\$ _____

What is the maximum single mortgage amount that you can offer? \$ _____

Mortgages In Which You Escrow For Payment Of:

	Property Or Homeowners Insurance	Real Estate Taxes	Mortgage Life Or Disability Insurance
Number Of Loans with Escrow Accounts			
Percentage Of Loans with Escrow Accounts	%	%	%

Mortgage Guaranty Insurance:

Number of your loans subject to VA, FHA, SBA or other mortgage guaranty insurance:	_____
Percentage of your loans that are subject to VA, FHA, SBA or other mortgage guaranty insurance:	_____ %

If You Own Or Service Mortgages Outside Of Your Domicile State, Complete The **Geographic Spread Of Mortgages** Table Below. If Not, Skip And Move On To Next Section.

Geographic Spread Of Mortgages

States In Which You Own Or Service Mortgages	Value Of Those Mortgages In Each State	Percentage Of Each State's Value To Total Value Of Your Book of Mortgages
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%

CURRENT INSURANCE INFORMATION

If you currently have similar insurance coverage, please provide the following information:

	Policy Period	Insurance Co.	Limits	Deductible	Premium
Mortgageholder's Errors or Omissions			\$	\$	\$
Mortgageholder's Impairment			\$	\$	\$

Within the past 3 years has this coverage been declined, cancelled or non-renewed? Yes No
 (Not Applicable In MO) If yes, provide details:

UNDERWRITING INFORMATION

- Do all of your mortgage agreements require borrowers to procure and maintain at least HO-2 or HO-3 coverage (or all risk Builder's Risk Property Insurance for construction loans) in an amount of not less than the amount of your mortgageholder's interest in, or the replacement value of, the mortgaged property, and in compliance with any coinsurance clause in such insurance? Yes No
- Do your mortgage agreements require borrowers to procure and maintain flood insurance in such amounts as are required to be insured in order to comply with the Flood Disaster Protection Act of 1973? Yes No
- Do you require being named as mortgagee on the borrower's insurance policy (including being named as a second mortgagee when providing a second mortgage)? Yes No
- Do you require the borrower's insurance policy to be provided by an insurer that is AM Best rated 'A-' or better? Yes No
 If not, what are your financial strength requirements?

- Do you verify the borrower's compliance with the insurance requirements at the loan closing of ALL loans (including at any second mortgage loan closings)? Yes No
 If yes, do you document all of the following?
 - Name of the mortgagor's insurer Yes No
 - Name of that insurer's agent Yes No
 - Policy number of the mortgagor's property/homeowner's insurance Yes No
 - Policy effective dates of that insurance Yes No
 - Limits of insurance for that property coverage Yes No
 - For loans where you do not maintain the insurance, do you annually issue written reminders to each mortgagor of their obligation to keep the required insurance in force? Yes No

If no, provide an explanation of how you control this exposure to loss:

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6. Are effective and expiration dates monitored to provide uninterrupted insurance coverage? Yes No
7. Do you carry a "forced placed" program which automatically provides coverage on mortgaged property when you become aware that insurance is not in place? Yes No
Forced Placed Carrier: _____ Expiration Date: _____
- a. Does the program give the ability to backdate? Yes No
If yes, what is the period of time allowed for backdating? _____
- b. If "forced placed" program is not in place, what procedures do you follow when you receive notice that a borrower's insurance will end for any reason?
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8. Do you service mortgages for others?..... Yes No
If yes,
- a. Is the agreement in writing? Yes No
- b. Are procedures for verification of insurance for mortgage loans that you service for others the same as for your own? Yes No
If no to either 8.a., 8.b. or both, please explain:
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9. Do you outsource any of the following services? Yes No
- Ongoing verification that borrower's insurance remains in effect
 - Determination whether flood insurance is required
 - Property/homeowners insurance premiums escrow & payment
 - Real estate tax escrow & payment
 - Mortgage life or disability insurance premiums escrow & payment
- If yes, do you require proof of Errors And Omissions insurance from those who provide any of the outsourced services listed above? Yes No*
10. Who manages the day-to-day process for any of the services listed in question 9 above, when handled in-house (e.g. Loan Officer, Office Manager)?
- a. Manager of day-to-day process: _____
- b. Length of time in this position: _____
- c. Number or employees engaged in this process: _____
11. In the past 12 months, have you had more than a 10% staff reduction in your mortgage servicing department? Yes No
If yes, what percentage? _____ % What was the reason for the reduction? _____
12. Do you have established procedures in place for requiring, procuring, maintaining and processing "valid insurance" on mortgaged property? Yes No
- a. Are those procedures documented in writing? Yes No
- b. Is there a formal training process for new employees that explains these procedures? Yes No
- c. When changes are made to these procedures, how are those changes disseminated to affected employees? _____
- d. How often do you perform audits to ensure compliance with these procedures?
 Quarterly Semi-Annually Annually Other: _____
- e. Do you have formal procedures in place to bring any identified error into compliance with these procedures? Yes No
13. Do you provide employees with written procedures and proper training for:
- a. Mortgage guarantors' required notice of delinquency? Yes No
- b. Mortgage guarantors' guidelines for foreclosure proceedings? Yes No

LOSS EXPERIENCE – LAST THREE YEARS

Year			Year			Year		
Premium	Losses	No. Of Claims	Premium	Losses	No. Of Claims	Premium	Losses	No. Of Claims
\$	\$		\$	\$		\$	\$	

Describe all losses over \$5,000: (If more room is needed, use the Additional Information section at the end of this application.)

Date Of Loss	Description Of Occurrence Or Claim	Amount		Claim Status	
		Paid	Reserved	Open	Closed
		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: 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 of the third degree.

KENTUCKY, NEW JERSEY, NEW YORK (OTHER THAN AUTO INSUREDS), OHIO, AND PENNSYLVANIA: 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURES

Producer information only required in Florida, Iowa, and New Hampshire.

Authorized Representative Signature*: X	Authorized Representative Name - Printed:	Date:
Producer Signature*: X	State Producer License No (required in FL):	Date:
Agency:	Agency Contact:	Agency Phone Number:
Agency Address:		

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.