



**FORECLOSED - INDIVIDUAL PREMISES
ADDITIONAL INFORMATION REQUEST**

*This additional information request is an extension of the FORECLOSED PREMISES APPLICATION and **must be completed for each individual foreclosed premises** when requesting coverage on a non-reporting basis. It may also be completed in conjunction with the FORECLOSED PROPERTIES REPORTING FORM when requesting coverage on a reporting basis. The information you have provided in the FORECLOSED PREMISES APPLICATION is also applicable to the foreclosed premises you have listed below.*

**If building is under construction, contact underwriter for information needed.
If building is located within 5 miles of any ocean, bay or gulf, contact underwriter immediately.**

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 Insureds:		Policy Number:
Address of Location:		
Valuation Options and Limit of Coverage Requested:		
<input type="checkbox"/> Mortgage Balance Value	Loan Balance:	\$
<input type="checkbox"/> ACV	Value of Property:	\$
<input type="checkbox"/> Replacement Cost	Value of Property:	\$
Note: replacement cost is not available for vacant buildings		
Date Acquired (mm/dd/yyyy):	Date First Inspected (mm/dd/yyyy):	Expected Frequency of Inspections:

UNDERWRITING INFORMATION

To qualify as Foreclosed Property, one of the following statements must apply:

- a. Financial Institution has actual title to the property;
- b. Financial Institution is holding the property during the statutory period of redemption;
- c. Financial Institution is the mortgagee in possession of real property with the agreement or assent of the borrower;
or
- d. Financial Institution is in the process of foreclosing, meaning formal proceedings have been started and papers have been filed in the proper legal jurisdiction.

1. Which of the above statements applies to this premises? _____
2. What is the actual date that a, b, c or d started/applied? _____
3. Premises Attributes: *Please provide a photo of location and, if available, a copy of the most recent appraisal.*
 - a. Commercial Residential (1-4 units)* Farm
** Any Residential ≥ 5 units is considered Commercial*
 - b. If commercial or farm, have all operations been terminated?..... Yes No
If no, describe any operations still functioning in detail:

For those operations still functioning:

- (1) Did you enter into a new written lease agreement with the occupant or the operator of the business?..... Yes No
- (2) Does such lease agreement require the lessee to maintain liability insurance for the premises and their operations? Yes No

(3) Do you require that you be named as an additional insured to the lessee's liability insurance? Yes No

(4) Do you obtain certificates of insurance? Yes No

c. Occupied Unoccupied/Vacant (Commercial or Habitational < 30% occupied qualifies as Vacant)

If occupied, describe occupancy: _____

If unoccupied/vacant, describe previous occupancy: _____

d. Type of construction: _____

e. Year built: _____

f. Updates: What year were the following updates made to this premises?

Roof: _____

Electrical: _____

Plumbing: _____

Heating: _____

g. Number of stories: _____

h. Square footage: _____

If habitational, number of units is required: _____

If vacant land, number of acres: _____

i. Is premises a mobile home? Yes No

If yes, is it tied down and underpinned? Yes No

j. Are any of the following protective devices on premises and active?

Sprinkler system Yes No

Smoke detectors Yes No

Central station alarm, monitoring:

(1) Intrusion Yes No

(2) Building Temperature Yes No

(3) Water Flow Yes No

Other Yes No

If other, describe: _____

k. Is there any existing damage at this location? Yes No

If yes, describe: _____

l. Are any critical repairs needed at this location? (E.g. damaged roof; broken windows; broken stairs; etc.) Yes No

If yes, describe: _____

If yes, what is your time frame for having these repairs completed?

1 week 2 weeks 3 weeks Other: _____

4. Additional Exposures:

a. Are any of the following hazards on premises?

Swimming pool Yes No

Hot tub Yes No

Pond or lake Yes No

Fitness facility Yes No

Sauna Yes No

Playground equipment Yes No

Trampoline Yes No

Other type of hazardous exposure Yes No

If yes to 'Other type of hazardous exposure' describe this type of hazard:

If yes to any of the above, what procedures have you taken to secure or remove this hazard?

b. Describe adjacent exposures and list any unusual hazards:

c. Is premises located within a coastal state?..... Yes No
If yes, what is the distance to the nearest ocean, bay, gulf, inlet or river?

5. Risk Control:

a. What risk management procedures are in place for this premises until it is sold? (E.g., cutting the grass; shoveling snow from the sidewalks and driveway; draining the water pipes if heating is turned off; forwarding mail; routine maintenance; routine inspections; etc.)

b. What type of security is in place? (E.g., doors and windows secured; locks replaced with deadbolts; motion sensor exterior lighting; security system; police department notified of vacant property; etc.)

c. How often will premises be visited for inspections? _____

6. Is this premises currently available for sale?..... Yes No
If no, will it be placed on the market within one month?..... Yes No
If no, what are your plans to sell? _____

7. Has there been any deviation from your written procedures for taking possession of or for maintaining foreclosed premises with respect to this location? Yes No
If yes, describe: _____

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, 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 (mm/dd/yyyy):
Producer Signature*: X	State Producer License No (required in FL):	Date (mm/dd/yyyy):
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.