



Application for Force Placed Coverage

Instructions:

- Complete the application as completely as possible (not all questions may apply. We will call with any questions)
- Sign at the bottom.
- Submit to Lenders Financial Insurance Services (unless requested to send elsewhere.)
- Submit via email or fax, whichever is convenient.
- This Instruction page does not need to be submitted.

Lenders Financial Insurance Services

2838 East Long Lake Rd. Suite 110

Troy, MI 48085

Phone: (248) 689-2001

FAX: (248) 689-2831

Email: info@lenders-financial.com



Application for Force Placed Insurance Program

Entire Portfolio ____ REO only ____ Flood only ____

Name of Institution: _____
Address: _____
City, State, Zip Code: _____
Contact Person / Title: _____
Contact Email: _____
Phone: _____ Fax: _____

PORTFOLIO INFORMATION (Do not include Equity Loans)

Number of 1st Mortgage Residential Loans _____ Primary States: _____
Number of Commercial Loans _____ Any Loans in Coastal States? Yes ___ No ___
Total _____ Number of REO Loans # _____
Number of loans to be placed at inception # _____

CURRENT INSURANCE PROGRAM

Premium (Last 12 Months) \$ _____
Claims: Last 12 mos. Last 36 mos. \$ _____
Provider / Carrier _____
Agent _____

Please describe your insurance tracking and follow up procedures: _____

OPTIONAL INSURANCE COVERAGE

(Check any for which you might be interested)

- Liability
- Force Placed Flood
- Foreclosure and Demolition (\$5,000)
- Expanded Homeowners coverage
- Residential vacant theft coverage
- Commercial equipment coverage
- Trust Properties
- All Risk for Commercial
- Farm Out Buildings and Equipment

ADDITIONAL INFORMATION

Requested Per Property Limit: \$ _____
Reporting Method: Internet ____ Data Interface ____

OTHER INSURANCE PROGRAMS

Blanket Coverage for Equity Loans? Yes ____ No ____
Equity Portfolio Outstanding Balance: \$ _____
Mortgage Impairment / E&O Carrier: _____
Mortgage Impairment / E&O Agent: _____
Renewal Date: _____

Insurer Required 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 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 _____

Send completed application to:
Lenders Financial Insurance Services (248) 689-2001 (248) 689-2831 (fax) info@lenders-financial.com