

MORTGAGE BANKER/BROKER APPLICATION

MORTGAGE BANKER/BROKER APPLICATION FOR ANY OF THE FOLLOWING COVERAGES:

- ✓ **PROFESSIONAL LIABILITY**
- ✓ **MORTGAGEE'S ERRORS AND OMISSIONS**
- ✓ **MORTGAGE BANKERS FIDELITY BOND**

- IF A PROFESSIONAL LIABILITY POLICY IS ISSUED, IT WILL BE ON A CLAIMS MADE AND REPORTED BASIS
- IF A MORTGAGEE'S ERRORS AND OMISSIONS POLICY IS ISSUED, IT WILL BE ON A CLAIMS MADE AND REPORTED BASIS AND/OR IT WILL BE ON A DISCOVERY BASIS
- IF A FIDELITY BOND POLICY IS ISSUED, IT WILL BE ON A DISCOVERY BASIS

NOTICE: IF A PROFESSIONAL LIABILITY AND/OR A MORTGAGEE'S E&O POLICY IS ISSUED, IT WILL BE ON A CLAIMS MADE AND REPORTED FORM, EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED THEREIN. THE COVERAGE OF THESE POLICIES IS LIMITED GENERALLY TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE INSURER WHILE THE POLICY IS IN FORCE. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE AGENT OR BROKER.

NOTICE: THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR CLAIMS EXPENSE. AMOUNTS INCURRED FOR CLAIMS EXPENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

NOTICE: THE APPLICANT ACKNOWLEDGES THAT ALL INFORMATION PROVIDED, INCLUDING COVERAGE BOUND ALONG WITH ANY MID-TERM ADJUSTMENTS, MAY BE SHARED WITH CERTAIN WAREHOUSE LENDERS AND INVESTORS FOR INSURANCE VERIFICATION PURPOSES.

NO INFORMATION PROVIDED BY THIS APPLICATION OR ALONG WITH THIS APPLICATION SHALL BE DEEMED AS THE REPORTING OF A CLAIM TO ANY INSURANCE CARRIER. SUCH NOTICE SHOULD BE MADE AS INSTRUCTED BY THE APPLICANT'S CURRENT POLICY FORM(S).

All questions must be fully answered and the application signed by the Owner, President, Chairman, CEO, board member, Risk Manager, or officer of the Applicant acting as the authorized agent of the person(s) and entity(ies) proposed for this insurance.



APPLICANT INFORMATION

NAME OF CORPORATE APPLICANT: _____

CORPORATE NMLS #: _____

CORPORATE PRINCIPAL ADDRESS: _____

WEB SITE ADDRESS: _____

MAIN PHONE NUMBER: _____

CONTACT PERSON (Must be a principal of the Applicant): _____

CONTACT EMAIL ADDRESS: _____

Corporate Applicant has been continually operating since: _____ (MM/DD/YEAR)

Is the Applicant a member of the Mortgage Bankers Association? Yes No

EMPLOYEES, OFFICES, AND SUBSIDIARIES

Does the Applicant have at least one principal with at least 5 years of mortgage origination experience? Yes No

Total number of all W2 employees including non-100% owners: _____

Total number of 1099 independent contractors working for, and under an enforceable contract with, the Applicant: _____

Number of locations, **including** the Home Office, to be considered for coverage: _____

Of the total number of locations, **including** the home office, how many have complete underwriting authority and can fund loans directly off the Applicant's warehouse line of credit? _____

Are there any subsidiaries and/or entities, other than the Applicant, for which coverage is requested? Yes No

If "Yes", please identify all entities/subsidiaries requested to be covered and the percentage of ownership the Applicant has in each entity:

<u>Name</u>	<u>Entity Type</u>	<u>Share owned</u>
_____	Mortgage Banker/Broker <input type="checkbox"/> Other <input type="checkbox"/>	_____%
_____	Mortgage Banker/Broker <input type="checkbox"/> Other <input type="checkbox"/>	_____%
_____	Mortgage Banker/Broker <input type="checkbox"/> Other <input type="checkbox"/>	_____%



SERVICES PROVIDED

Does the Applicant service loans (other than short term servicing)? Yes No

If "Yes", are any loans in the Applicant's servicing portfolio sub-serviced by other entities? Yes No

Does the Applicant perform any services outside the Continental U.S.? Yes No

If "Yes", please provide additional information: _____

Does the Applicant provide Title and/or Escrow services through a division of their company or does the Applicant or any of its principals own, or is the Applicant affiliated with, a Title and/or Escrow company? Yes No

If "Yes", please answer the following:

Please provide additional information: _____

Are borrowers given the choice to not use the services provided by these affiliated companies? Yes No

Does the Applicant, or any of its branches, share the same physical address as the related Title and/or Escrow company? Yes No

Does the Applicant and the related Title and/or Escrow company share employees? Yes No

FINANCIAL INFORMATION

Is the Applicant in bankruptcy, receivership, rehabilitation, or debt default? Yes No

If "Yes", please provide details: _____

Do the Applicant's liabilities exceed its assets? Yes No

If "Yes", please provide details: _____

Is the Applicant in compliance with all investor and/or warehouse lender financial covenants? Yes No

If "No", please provide details: _____

Please list Applicant's Gross Receipts and Financial Result:

	Previous Fiscal Year End	Current Fiscal Year to Date	Current Fiscal Year Projected
Gross Receipts	\$ _____	\$ _____	\$ _____
Net Income (Loss)	\$ _____	\$ _____	

PLEASE NOTE: Gross Receipts means ALL Revenues (NOT Originations) derived from Mortgage Banking and/or Mortgage Brokering activities performed by the Applicant, all applicable subsidiaries and all branches to be covered under these policies PRIOR to any expenses.



The percentage of Gross Receipts attributable to:

Loan Origination: _____ %
 Loan Servicing: _____ %
 Interest Income: _____ %
 Other: _____ % 'Other' description: _____

INSURANCE

Please select coverage to be quoted:

Professional Liability:

Mortgagee's E&O:

Fidelity Bond:

Does the Applicant currently have coverage in place for:

Professional Liability: Yes No

Mortgagee's E&O: Yes No

Fidelity Bond: Yes No

If "Yes":

***Professional Liability**

Retroactive Date: _____ (MM/DD/YEAR)

Expiration Date: _____ (MM/DD/YEAR)

Current Carrier: _____

***Mortgagee's Errors and Omissions**

Retroactive Date: _____ (MM/DD/YEAR)

Expiration Date: _____ (MM/DD/YEAR)

Current Carrier: _____

***Fidelity Bond**

Retroactive Date: _____ (MM/DD/YEAR)

Expiration Date: _____ (MM/DD/YEAR)

Current Carrier: _____

* The Applicant warrants that the requested Retroactive Date(s) is/are the Date(s) in which the Applicant has been continuously insured without interruption. The actual Retroactive Date(s) will always be the first date of continuous and uninterrupted coverage. The Applicant will be required to submit proof of any current policy in force prior to coverage being bound in order for the Insurer to approve the Retroactive Date(s) requested.



If the Applicant does not have coverage currently in force, the retroactive date will coincide with the inception date of any policy(ies) approved and issued.

SECURITY AND QUALITY CONTROL

- Does the Applicant currently utilize a Fraud Detection service? Yes No
- Does the Applicant currently utilize Predatory Lending software? Yes No
- Does the Applicant use regulatory compliance software? Yes No
- Does the Applicant have written policies and procedures with regard to RESPA, TILA, HOEPA, Fair Housing Act, and the Equal Credit Opportunity Act? Yes No
- If “No”, does the Applicant warrant that it will establish and implement formal written policies and procedures immediately? Yes No
- Does the Applicant have formal written Quality Control procedures in place? Yes No
- If “No”, does the Applicant warrant that it will establish and implement a formal written quality control procedure immediately? Yes No
- What percentage of all loans originated go through Quality Control reviews? _____ %

PROCEDURES IN PLACE

- Is there a formal, planned program requiring segregation of duties so that no single transaction can be fully controlled from origination to posting by one person? Yes No
- If “No”, does the Applicant warrant that it will immediately develop and implement a system of checks and balances so that no single transaction can be fully controlled from origination to posting by one person other than a 100% owner? Yes No
- Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes No
- If “No”, does the Applicant warrant that there are controls in place to mitigate this risk unless all reconciliations are performed by a 100% owner? Yes No
- Is countersignature required for checks over \$5,000? Yes No
- If “No”, does the Applicant warrant that there are controls in place to mitigate this risk unless all checks are signed by a 100% owner? Yes No
- Are borrower and investor escrow funds maintained in segregated custodial accounts? Yes No N/A
- If “No”, does the Applicant warrant that it will establish separate accounts for escrow funds within the next 60 days? Yes No



CIRCUMSTANCES AND CLAIMS

Does the Applicant or any proposed Insured have knowledge or information of any circumstance, act, error or omission which might reasonably be expected to give rise to a claim(s), suit(s), investigation(s) or action(s) under a Professional Liability Policy, Mortgagee's E&O Policy and/or Fidelity Bond Policy? Yes No

If "Yes", please provide details: _____

Have any of the Applicant's principals or any proposed Insured ever been the subject of a formal disciplinary proceeding or had a professional license suspended or revoked as a result of any professional services sought to be insured? Yes No

If "Yes", please provide details: _____

Have the Applicant's principals or any proposed Insured received any inquiries from any regulators or commenced any internal investigations regarding any of its business practices (other than routine audits)? Yes No

If "Yes", please provide details: _____

Has the Applicant ever been out of compliance with independent appraisal requirements? Yes No

If "Yes", please provide details: _____

Has the Applicant or any proposed Insured ever been the subject of any claim or lawsuit with regard to the coverage's being applied for? Yes No

If "Yes", how many? _____

If "Yes", please provide details: _____

Have there been or are there now any pending, claim(s), suit(s), demands for arbitration, or administrative / regulatory actions(s) (including, but not limited to, any investigation) against any past or present person or entity proposed for insurance under the proposed coverage forms in connection with mortgage lending products, practices or activities? Yes No

If "Yes", please provide details: _____

It is agreed that with respect to the Claims History questions, that if such knowledge or information exists, any claim, action, wrongful act or interrelated wrongful act, arising therefrom is excluded from this proposed coverage. AGREE

REPURCHASE AND INDEMNITY ON LOANS

Over the past 24 months, has the Applicant been requested or required to repurchase any loan(s)? Yes No

If "Yes", please provide information on loans required to be repurchased:

- (i) Number of loans _____; (ii) Aggregate principal amount \$ _____; and
(iii) Status of loans _____

Over the past 24 months, has the Applicant been requested or required to provide indemnity on any loan(s)? Yes No

If "Yes", please provide information on loans required to provide indemnity on:

- (i) Number of loans _____; (ii) Aggregate principal amount \$ _____; and
(iii) Status of loans _____



LOAN ORIGATION

Please indicate ALL Loans closed (or estimated to be closed if a start-up) for all Applicants to be insured:

During the **PREVIOUS FISCAL YEAR**:

<u>Loan Portfolio</u>	<u>Dollar Value</u>	<u>Number</u>	<u>Average</u>
1-4 Family Residential (including Manufactured Home loans)	\$ _____	_____	\$ _____
Multi-family / Commercial	\$ _____	_____	\$ _____
Second Mortgages / HELOC	\$ _____	_____	\$ _____
Reverse Mortgage	\$ _____	_____	\$ _____
Construction	\$ _____	_____	\$ _____
Total	\$ _____	_____	\$ _____

During the **CURRENT FISCAL YEAR TO DATE**:

<u>Loan Portfolio</u>	<u>Dollar Value</u>	<u>Number</u>	<u>Average</u>
1-4 Family Residential (including Manufactured Home loans)	\$ _____	_____	\$ _____
Multi-family / Commercial	\$ _____	_____	\$ _____
Second Mortgages / HELOC	\$ _____	_____	\$ _____
Reverse Mortgage	\$ _____	_____	\$ _____
Construction	\$ _____	_____	\$ _____
Total	\$ _____	_____	\$ _____

What is the average FICO score for ALL closed Loans above? (If the Applicant is a start-up, please estimate.) _____

What percentage of all 1-4 Family Residential loans noted above are considered to be:

- Qualified Mortgages (as defined by the Consumer Financial Protection Bureau); or
- Qualify to be purchased or guaranteed by a government-sponsored enterprise (GSE); or
- Qualify to be insured or guaranteed by a federal housing agency? _____%

WAREHOUSE LENDERS PROFILE

Does, or will, the Applicant obtain funds to close loans using a Warehouse Line of Credit? Yes No

If "Yes", please list all current or prospective Warehouse Lenders and the corresponding Limit on the Line of Credit:

_____	\$ _____
_____	\$ _____
_____	\$ _____



INVESTOR PROFILE

Does the Applicant have a Seller/Servicer status with:

Fannie Mae	Yes <input type="checkbox"/> No <input type="checkbox"/>
Freddie Mac	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ginnie Mae	Yes <input type="checkbox"/> No <input type="checkbox"/>
United States Department of Housing and Urban Development	Yes <input type="checkbox"/> No <input type="checkbox"/>

By dollar volume, what percentage of originated loans are:

Sold to GSE's	_____ %
Sold to other institutional investors	_____ %
Sold to individual investors	_____ %
Held in Applicant's portfolio	_____ %
Securitized by Applicant	_____ %
Total (should equal 100%)	100 %

AUTHORITY UTILIZATION

Does the Applicant have full underwriting authority on the lender's or investor's behalf? Yes No

What percentage of the Applicant's closed loans is funded using a warehouse line of credit? _____ %

What is the average dwell time of a loan on the Applicant's warehouse line of credit? _____ days

LOAN SERVICING (answer only if the Applicant has a loan servicing portfolio)

Please specify ALL Loans currently serviced:

<u>Loan Portfolio</u>	<u>Dollar Value</u>	<u>Number</u>	<u>Average</u>	<u>ARM's</u>
1-4 Family Residential (including Manufactured Home loans)	\$ _____	_____	\$ _____	_____ %
Multi-family/Commercial	\$ _____	_____	\$ _____	_____ %
Second Mortgages/HELOC	\$ _____	_____	\$ _____	_____ %
Construction	\$ _____	_____	\$ _____	_____ %
Total	\$ _____	_____	\$ _____	_____ %

By dollar volume, what percentage of mortgage servicing rights are:

Sold to GSE's _____ %

Sold to other institutional investors _____ %

Sold to individual investors _____ %

Held in Applicant's portfolio _____ %

Securitized by Applicant _____ %

Total (should equal 100%) 100%



How many properties have been foreclosed on within the past 12 months? _____

What percentage of the servicing portfolio is more than 30 days delinquent? _____%

Does the Applicant require that it be named as "mortgagee" in a Standard Mortgage Clause on all hazard/flood insurance? Yes No

Does the Applicant annually verify hazard/flood coverage on all mortgages serviced? Yes No

When necessary does the Applicant "force place" coverage using a "forced place" insurance company? Yes No

Does the applicant have a formal written procedure in place to determine if real estate property taxes have been paid? Yes No

What percentage (positive or negative) does the Applicant believe that their servicing portfolio will grow (or be reduced) over the next 12 months? _____%

What states are they servicing loans in? Please provide a % breakdown of the volume in each of the top 5 states in comparison to the overall volume:

<u>State</u>	<u>% of Servicing Portfolio</u>
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

LOAN SUB-SERVICING (answer only if the Applicant has a loan servicing portfolio)

Percentage of loans in servicing portfolio that are sub-serviced by other entities: _____%

Who is the sub-servicer? _____

Has the Applicant confirmed that the sub-servicer currently has Mortgagee's E&O and Fidelity coverage in force? Yes No

Does the Applicant's contract with the sub-servicer have an indemnification agreement in favor of the Applicant? Yes No

If the Applicant is not using a sub-servicer on 100% of their servicing portfolio, please answer the following:

Does the Applicant have written controls and procedures in place to properly manage their servicing portfolio? Yes No

Does the Applicant sub-service loans for other entities? Yes No

If "Yes", please answer the following questions:

Percentage of loans in servicing portfolio where Applicant sub-services loans for other entities: _____%

How many other entities is the Applicant sub-servicing for? _____

Does the Applicant contractually have to provide indemnity in favor of the entity(ies) they are servicing loans for? Yes No



FRAUD ACKNOWLEDGEMENT AND SIGNATURE PAGE

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: 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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: 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 IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.



NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: 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

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD ANY POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE PART OF THE POLICY. THE UNDERSIGNED APPLICANT DECLARES THAT TO THE BEST OF HIS OR HER KNOWLEDGE THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY/BOND IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGE.

APPLICANT'S SIGNATURE:

DATE:
