

**PROPERTY PROTECTION POLICY FORM
 PROPOSAL / APPLICATION
 FOR ALL FINANCIAL INSTITUTIONS
 AND THEIR SUBSIDIARY SERVICING COMPANIES**

LENDERS RISK MANAGEMENT, INC.
 305 West Chesapeake Avenue, Suite 211
 Towson, MD 21204
 Phone: 888-600-4436 / Fax: 410-296-7876

NOTE: Policies will be issued in the joint name of the applicant and any "servicing" subsidiary scheduled below.

COVERAGE DESIRED:

- All Risks (Excluding Flood & Earthquake)
- OREO Liability (requires concurrent purchase of Property cover)
- Flood – Lender Placed

1. Name of Applicant: _____

2. Address: _____
Street City State Zip

3. Year Established: _____ Charter: State Federal National _____
Other - Specify

4. Type of institution: Commercial Bank Savings & Loan/Thrift Mortgage Company
 Credit Union _____
Other - Specify

5. PORTFOLIO BREAKDOWN (All Values in US Dollars)

Total Number of Loans: _____
 Total Value of Loans: \$ _____
 Average Residential Loan Value: \$ _____
 Average Commercial Loan Value: \$ _____

	REO	FORCE-PLACED
Current Values to be Insured:		
Residential (1-4 family)	\$ _____	\$ _____
Commercial	\$ _____	\$ _____
Total Values Vacant Properties:		
Residential (1-4 family)	\$ _____	\$ _____
Commercial	\$ _____	\$ _____

6. As a practice, does the institution check for existing insurance on its loan portfolio? Yes No

7. Are procedures followed as to inspection of the physical condition and Liability Hazards of properties securing existing mortgages? Yes No If yes, describe procedures: _____

8. Prior to foreclosure, are properties inspected for the physical condition and Liability Hazards?
 Yes No If Yes, describe procedures: _____

9. In the event of foreclosure does the Assured take steps to avoid vacancy? Yes No
If yes, describe procedures: _____

10. In the event of vacancy, do the following form part of the Assured's criteria for the protection of their interests in these properties?
(A) Properties secured against entry: Yes No
(B) All utilities disconnected: Yes No
(C) Ensuring previous owner has no access: Yes No
(D) Property visited at least weekly by the Assured or an agent of assured: Yes No
(E) Describe any other procedures undertaken: _____

11. From the Assured's recent experience, what is the average length of time that properties have remained vacant: _____

12. Does the Assured have a management company(ies) to manage all properties? Yes No – If Yes:
How many management companies are used? _____.
Who decides which management company will be used for a specific property? _____

How soon is a management company assigned? _____

13. Does the Assured have Lloyd's Mortgage Protection Insurance? Yes No
If yes, who is the current agent or broker: _____

14. Details of losses on all uninsured mortgaged or foreclosed properties during past five (5) years:

IN ADDITION, PLEASE PROVIDE THE FOLLOWING:

15. Current Carrier Information (Insurer, Agent, Rate, Deductible etc.): _____

16. Copy of most recent Monthly Reporting Schedule.

17. Any additional supporting Information.

I/We hereby declare that the above statements and particulars are true, that I/we have not suppressed or misstated any material facts and I/we agree that this Proposal Form shall be the basis of the Contract with Underwriters.

Officer's
Signature: _____ Date: _____

Officer's Printed Name _____ Officer's Title _____
Phone: _____ Fax: _____ E-mail: _____

Agent/Broker Information:

Name: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip: _____ E-mail: _____