



FORCED PLACED AND REAL ESTATE OWNED SUPPLEMENTAL APPLICATION

DATE (MM/DD/YYYY)

NAME (First Named Insured) AND MAILING ADDRESS		AGENCY	
PROPOSED EFF DATE	PROPOSED EXP DATE	CODE:	
		CONTACT NAME:	

SUPPLEMENTAL QUESTIONS

		YES	NO
1. IS THIS ACCOUNT: FORCED PLACED <input type="checkbox"/> REAL ESTATE OWNED <input type="checkbox"/>			
2. REQUESTED PER BUILDING DEDUCTIBLE: _____			
3. REQUESTED CAUSES OF LOSS FORM: _____			
4. REQUESTED COINSURANCE: _____			
5. REQUESTED BUILDING VALUATION: _____			
6. REQUESTED GENERAL LIABILITY LIMIT: _____			
7. ARE ANY OF THE LISTED PROPERTIES UNDER CONSTRUCTION, RENOVATION, OR IN THE PROCESS OF BEING REMODELED? IF YES, EXPLAIN:	<input type="checkbox"/>	<input type="checkbox"/>	
8. DOES THE INSURED HAVE ANY FP OR REO PROPERTIES IN STATES OTHER THAN THOSE LISTED ON THE PROPERTY INFORMATION SHEET? IF YES, EXPLAIN:	<input type="checkbox"/>	<input type="checkbox"/>	
9. WILL THE INSURED MAINTAIN UTILITIES IN ALL OF THE PROPERTIES? IF NO, EXPLAIN:	<input type="checkbox"/>	<input type="checkbox"/>	
10. IF ANY REO PROPERTIES ARE OCCUPIED BY RENTERS DOES THE INSURED INTEND TO CONTINUE TO RENT THE PROPERTIES UNTIL THEY ARE SOLD? IF NO, EXPLAIN:	<input type="checkbox"/>	<input type="checkbox"/>	
11. IS THERE ANY DAMAGE TO ANY PROPERTY THAT HAS NOT YET BEEN REPAIRED? IF YES, EXPLAIN:	<input type="checkbox"/>	<input type="checkbox"/>	
12. IS EACH PROPERTY ACCESSIBLE TO FIRE DEPARTMENT PROTECTION EQUIPMENT YEAR ROUND? IF NO, EXPLAIN:	<input type="checkbox"/>	<input type="checkbox"/>	
13. DOES EACH PROPERTY HAVE WATER AVAILABLE FOR FIRE PROTECTION YEAR ROUND? IF NO, EXPLAIN:	<input type="checkbox"/>	<input type="checkbox"/>	
14. ARE ALL PROPERTIES INSPECTED MONTHLY? IF NO, EXPLAIN:	<input type="checkbox"/>	<input type="checkbox"/>	
15. WHAT PERCENTAGE OF THE INSURED'S FORCED PLACED OR REO BOOK OF BUSINESS DOES THIS LIST REPRESENT? _____ %			
16. PLEASE DESCRIBE YOUR MAINTENANCE AND INSPECTION PROGRAMS FOR YOUR PROPERTIES:			
17. PLEASE LIST ANY LOSS EXPERIENCE FOR AT LEAST THE PAST 3 YEARS:			
18. PRIOR CARRIER:			

DISCLOSURE STATEMENT: THE COMPANY IS RELYING UPON THE STATEMENTS AND REPRESENTATIONS MADE BY THE APPLICANT OR THE AGENT IN THIS APPLICATION IN DETERMINING WHETHER TO ISSUE A POLICY OF INSURANCE WITH THE COVERAGES REQUESTED BY THE APPLICANT. THE COMPANY CONSIDERS THESE STATEMENTS AND REPRESENTATIONS TO BE MATERIAL TO THE RISK OR HAZARD TO BE ASSUMED BY THE COMPANY. IT IS UNDERSTOOD AND AGREED THAT THIS APPLICATION, AND THE STATEMENTS AND REPRESENTATIONS MADE HEREIN, SHALL BE AND HEREBY ARE INCORPORATED INTO AND MADE A PART OF THE POLICY ISSUED TO THE APPLICANT BY THE COMPANY. IF EITHER THE APPLICANT OR AGENT FAILS TO DISCLOSE MATERIAL FACTS OR PROVIDES FALSE INFORMATION, IT MAY RESULT IN THE COMPANY DENYING COVERAGE OR RESCINDING THE POLICY.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 WILL SUBJECT THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, OR VT; IN DC, LA, ME, TN, VA AND WA, INSURANCE BENEFITS MAY ALSO BE DENIED)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	DATE
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PLEASE ATTACH A SCHEDULE CONTAINING THE FOLLOWING INFORMATION FOR EACH BUILDING:

- DATE ADDED
- DATE DELETED
- ADDRESS
- VALUE
- YEAR BUILT
- VACANCY STATUS
- IF APPLICABLE, MORE RECENT OF DATE OF VACANCY OR DATE OF ACQUISITION OF BUILDING
- CONSTRUCTION TYPE
- PROTECTION CLASS
- PROTECTIVE SAFEGUARDS
- SQUARE FEET
- BUILDING TYPE
- IF COMMERCIAL OR INDUSTRIAL, THE CURRENT/FORMER OCCUPANT
- NUMBER OF ACRES (IF GENERAL LIABILITY COVERAGE IS REQUESTED FOR VACANT LAND)

WE ARE NOT A MARKET FOR THE FOLLOWING:

- COASTAL – WITHIN 50 MILES OF ANY COASTLINE – SOME RARE EXCEPTIONS WITH PRE-APPROVAL
- MOBILE HOMES – EXCEPTIONS WITH PRE-APPROVAL FOR RISKS THAT HAVE LARGE SCHEDULES WITH NO MORE THAN 5% MOBILE HOMES.
- FLOOD INSURANCE
- EARTHQUAKE COVERAGE
- GENERAL LIABILITY – WE WILL NOT PROVIDE GL ON FORCED PLACED.
- BUILDERS RISK – RARE EXCEPTIONS WITH PRE-APPROVAL BY THE COMPANY.