

**MORTGAGE BROKERS PROFESSIONAL LIABILITY APPLICATION**

**NOTICE:** This application is for a **CLAIMS MADE POLICY**. Except as may be otherwise provided herein, this coverage is limited to liability for only those claims which are first made against the insured and reported to the Company during the policy period.

1. Name of Firm \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
2. Date Established \_\_\_\_\_
3. Is applicant firm a Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_?
4. Is the firm owned by, associated with or controlled by any other business?  Yes  No  
If Yes, give details \_\_\_\_\_
5. Describe in detail the nature of the professional or business activities for which insurance is desired.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. How long have you been engaged in your current occupation or business? \_\_\_\_\_ years.
7. Are you engaged in any other profession or business?  Yes  No  
If Yes, explain \_\_\_\_\_
8. Provide the number of your staff.  
Partners or Officers \_\_\_\_\_ Professional/Technical Personnel \_\_\_\_\_ Support \_\_\_\_\_
9. List the qualifications of professional staff. If in business five years or less attach resumes.  
\_\_\_\_\_  
\_\_\_\_\_
10. List membership in professional and/or trade organizations.  
\_\_\_\_\_
11. Gross Income estimated for next year. Indicate year in spaces provided \_\_\_\_\_ \$ \_\_\_\_\_  
Current Year \_\_\_\_\_ \$ \_\_\_\_\_ Previous Year \_\_\_\_\_ \$ \_\_\_\_\_

12. Are any changes in the nature or size of the applicant's business anticipated over the next 24 months?  Yes  No

If Yes, explain \_\_\_\_\_

13. Does the applicant subcontract services to others?  Yes  No

If Yes, explain what types of services and what percent of your total receipts are subcontracted.

Does the applicant require certificates of professional liability insurance or other financial responsibility ?  Yes  No

14. Does your firm use a written contract or agreement describing the services to be provided?  Yes  No

15. Have your contracts and procedures been reviewed by a law firm?  Yes  No

16. Does your firm assume liability for others under contracts utilized?  Yes  No

17. List your three largest clients during the past year and indicate services performed and approximate revenue from each:

<u>Name</u>	<u>Services</u>	<u>Revenues</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Provide details of General Liability Insurance in force:

<u>Company</u>	<u>Limit</u>	<u>Deductible</u>	<u>Policy Term</u>
_____	_____	_____	_____

Does the policy detailed above include coverage for Products/Completed Operations Hazard?  Yes  No

19. Please provide details of Errors and Omissions insurance carried during last three years.

<u>Company</u>	<u>Limit</u>	<u>Deductible</u>	<u>Premium</u>	<u>Policy Term</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is your expiring policy a CLAIMS MADE POLICY?  Yes  No

If Yes, advise Retroactive Date. \_\_\_\_\_

20. Give an example of a claim that you intend to have insured under this policy.

\_\_\_\_\_  
\_\_\_\_\_

21. Do you provide services/advice to customers/clients which could in any way be impacted by Year 2000 compliance?  Yes  No

If Yes, provide details of the services provided or advice given and the type of exposures arising out of or impacted by Year 2000 compliance. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Have you done an assessment of the impact of Year 2000 related issues in your organization?  Yes  No

If Yes, describe the assessment in detail. If No, describe in detail why you have not. Attach sheet providing full details of your answer. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Describe how you will monitor the Year 2000 compliance of third parties' services that you depend upon to conduct your business. \_\_\_\_\_  
\_\_\_\_\_

24. Has any application for Errors and Omissions or similar insurance made on behalf of you or your firm, or present partners, owners, officers or employees ever been declined, or has any such insurance ever been canceled or refused renewal?  Yes  No

If Yes, give details below or attach an information sheet.  
\_\_\_\_\_  
\_\_\_\_\_

25. Have any claims, suits or proceedings been made during the past five years against any of you or your firm, your predecessors in business or against any present partners, owners, officers or employees?  Yes  No

If Yes, give details below or attach an information sheet.  
\_\_\_\_\_  
\_\_\_\_\_

26. Are any of you aware of any alleged act, circumstance, situation, error or omission which may result in a claim being made against you or any of the persons or firm described?  Yes  No

If Yes, give details below or attach an information sheet.  
\_\_\_\_\_  
\_\_\_\_\_

27. Limit of Liability requested \_\_\_\_\_ Deductible \_\_\_\_\_

28. Please include with this application the following items:

- A. Current brochure or similar item describing activities or services.
- B. Most recent financial statement or annual report.
- C. Copies of standard contracts for professional or business activities.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**I/WE HEREBY DECLARE** that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the sole basis of any subsequent contract or insurance with the company. Signature of the application does not bind the Firm or Company to complete the insurance.

Application must be signed and dated by principal, partner, officer or director of the firm.

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Date	Signature of Applicant	Title
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**PLEASE NOTE:** COMPLETION AND SUBMISSION OF THIS APPLICATION IS FOR THE PURPOSE OF SECURING A PREMIUM QUOTATION ONLY. NO COVERAGE WILL BE EFFECTED UNTIL RECEIPT OF WRITTEN INSTRUCTIONS AND PREMIUM PAYMENT. ANY SUBSEQUENT CONTRACT ISSUED WILL BE IN FULL RELIANCE UPON THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION AND THIS APPLICATION WILL BE MADE A PART OF THE POLICY. A SIGNED APPLICATION DATED NOT MORE THAN 45 DAYS PRIOR TO THE INCEPTION DATE WILL BE REQUIRED IN THE EVENT COVERAGE IS EFFECTED.

AGENT OR BROKER \_\_\_\_\_

## MORTGAGE BROKERS QUESTIONNAIRE

Applicant \_\_\_\_\_

1. What is the total amount of mortgages handled in the past year? \_\_\_\_\_

	<u>Residential</u>	<u>Commercial</u>
Dollar amount of principal	_____	_____
Number of mortgages	_____	_____
Percentage new construction	_____	_____
Maximum value of any one mortgage	_____	_____

2. Does the applicant act as a lender in its own right?  Yes  No  
If "Yes," please explain \_\_\_\_\_

3. List professional associations/affiliations \_\_\_\_\_

4. Is the applicant approved by HUD?  Yes  No

5. Please indicate the federal sponsored agencies the applicant has relationships with  
\_\_\_\_\_

6. Please attach details of quality control procedures, including procedures in place to ensure the applicant is staying in compliance with regulatory agencies, and frequency of audits (both internal and external).

7. Does the applicant use warehousing lines of credit?  Yes  No

8. Does the applicant perform any underwriting?  Yes  No

9. Does the applicant have any discretionary authority to make any loans?  Yes  No  
(If yes to either 7, 8, or 9, please explain via attachment to this application)

The undersigned, being authorized by acting on behalf of the Applicant, warrants that to the best of his/her knowledge, and making inquiry of other firm members, the above statements are true and agrees that this Questionnaire shall be the basis of coverage and considered part of any policy issued by the Company.

Signed \_\_\_\_\_  
(formal signature by Owner, President or Chief Executive Officer)

Title \_\_\_\_\_ Date \_\_\_\_\_