



**J.B. LLOYD & ASSOCIATES**

## 1. APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Proposed Effective Date: \_\_\_\_\_

## 2. PORTFOLIO INFORMATION

	Number of Properties Escrow   Non-Escrow	Total Value of Properties	Highest Value Loan
Residential Mortgage	_____   _____	\$ _____	\$ _____
Commercial Mortgage	_____   _____	\$ _____	\$ _____
Mobile Home	_____   _____	\$ _____	\$ _____
Condominiums	_____   _____	\$ _____	\$ _____
Business Personal Property	_____   _____	\$ _____	\$ _____
Builder's Risk / Construction	_____   _____	\$ _____	\$ _____
Second Mortgages	_____   _____	\$ _____	\$ _____
Home Equity Lines of Credit	_____   _____	\$ _____	\$ _____
Residential REO	_____   _____	\$ _____	\$ _____
Commercial REO	_____   _____	\$ _____	\$ _____

## 3. DISTRIBUTION BY STATE

Please provide the number of in-force loans per state. A spreadsheet including property type, state, ZIP and balance is preferred.

Alabama: \_\_\_\_\_ Idaho: \_\_\_\_\_ Minnesota: \_\_\_\_\_ North Dakota: \_\_\_\_\_ Vermont: \_\_\_\_\_  
 Alaska: \_\_\_\_\_ Illinois: \_\_\_\_\_ Mississippi: \_\_\_\_\_ Ohio: \_\_\_\_\_ Virginia: \_\_\_\_\_  
 Arizona: \_\_\_\_\_ Indiana: \_\_\_\_\_ Missouri: \_\_\_\_\_ Oklahoma: \_\_\_\_\_ Washington: \_\_\_\_\_  
 Arkansas: \_\_\_\_\_ Iowa: \_\_\_\_\_ Montana: \_\_\_\_\_ Oregon: \_\_\_\_\_ West Virginia: \_\_\_\_\_  
 California: \_\_\_\_\_ Kansas: \_\_\_\_\_ Nebraska: \_\_\_\_\_ Pennsylvania: \_\_\_\_\_ Wisconsin: \_\_\_\_\_  
 Colorado: \_\_\_\_\_ Kentucky: \_\_\_\_\_ Nevada: \_\_\_\_\_ Rhode Island: \_\_\_\_\_ Wyoming: \_\_\_\_\_  
 Connecticut: \_\_\_\_\_ Louisiana: \_\_\_\_\_ New Hampshire: \_\_\_\_\_ South Carolina: \_\_\_\_\_ Washington, D.C.: \_\_\_\_\_  
 Delaware: \_\_\_\_\_ Maine: \_\_\_\_\_ New Jersey: \_\_\_\_\_ South Dakota: \_\_\_\_\_ Other (specify below): \_\_\_\_\_  
 Florida: \_\_\_\_\_ Maryland: \_\_\_\_\_ New Mexico: \_\_\_\_\_ Tennessee: \_\_\_\_\_  
 Georgia: \_\_\_\_\_ Massachusetts: \_\_\_\_\_ New York: \_\_\_\_\_ Texas: \_\_\_\_\_  
 Hawaii: \_\_\_\_\_ Michigan: \_\_\_\_\_ North Carolina: \_\_\_\_\_ Utah: \_\_\_\_\_



**4. DEDUCTIBLES REQUESTED**

	Wind/Hail	Vandalism	Other Perils
Residential	\$ _____	\$ _____	\$ _____
Commercial—Occupied	\$ _____	\$ _____	\$ _____
Commercial—Vacant	\$ _____	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____	\$ _____

Do you service Fannie Mae / Freddie Mac loans?  Yes  No Percentage of Fannie Mae / Freddie Mac loans: \_\_\_\_\_ %

Do you follow Fannie Mae / Freddie Mac guidelines?  Yes  No

**5. LIMITS REQUESTED**

Residential: \$ \_\_\_\_\_ Commercial: \$ \_\_\_\_\_

**6. OPERATIONS / RISK MANAGEMENT**

Number of foreclosures in the last 12 months: \_\_\_\_\_

Are inspections performed?  Yes  No Frequency: \_\_\_\_\_

Do you utilize Property Managers?  Yes  No

Is wind pool coverage maintained?  Yes  No

Number of indirect loans: \_\_\_\_\_

Number of loans serviced for others: \_\_\_\_\_

Do you have loans for any of the following?

a. Churches  Yes  No

b. Logging operations  Yes  No

Any Coastal Wind Exposures?  Yes  No If yes, please describe:

**7. LOAN MONITORING AND TRACKING**

Do you currently monitor/track your loans for insurance status?  Yes  No

If yes, how are they monitored?  In-house  Outsourced

*If in-house tracking:*

a. What software do you use to monitor these loans? \_\_\_\_\_

b. Do you send borrower letters for cancelled/expired insurance?  Yes  No

c. Do you charge the borrowers a policy fee?  Yes  No

d. Are you able to report each collateral on a loan in a separate record?  Yes  No

e. Are you able to produce a file of the insurance information for the initial import into our system?  Yes  No





If outsourced tracking:

- a. What company is currently monitoring your insurance? \_\_\_\_\_
- b. What is your current tracking fee? \$ \_\_\_\_\_
- c. What is your current loan servicing platform? \_\_\_\_\_
- d. Are you satisfied with your current vendor?  Yes  No

Describe any specialized tracking services.

**8. HISTORICAL PREMIUM AND LOSS INFORMATION**

**Note:** Please attach available experience reports and policy forms.

Prior Carrier: \_\_\_\_\_

Prior Coverage: \_\_\_\_\_

Prior Rate: \_\_\_\_\_

Prior Deductibles: \$ \_\_\_\_\_

Annual Premium (last 3 years): \$ \_\_\_\_\_

Claims History	Number of Claims	Amount Paid	Number of Open Claims
Year to Date	\$	\$	\$
Prior Year	\$	\$	\$
Prior Two Years	\$	\$	\$

Was prior coverage cancelled/non-renewed?  Yes  No If yes, please describe:

**STATUTORY FRAUD WARNING NOTICES**

**ARKANSAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss benefit or knowingly presents false information for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to the settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**FLORIDA:** 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 statement is guilty of a felony of the third degree.



**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing 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.

**MAINE:** 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.

**NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NEW MEXICO:** 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 civil fines and criminal penalties.

**NEW YORK:** 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 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 violation.

**OHIO:** 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.

**PENNSYLVANIA:** 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 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 subject to criminal and civil penalties.

**OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes claim for the proceeds of an insurance policy, containing false, incomplete or misleading information is guilty of a felony.

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**THE UNDERSIGNED OFFICER DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE, THE STATEMENTS INCLUDED HEREIN AND ANY DOCUMENTS SUBMITTED HERewith ARE TRUE, ACCURATE AND COMPLETE. THE UNDERSIGNED FURTHER AGREES THAT IF ANY INFORMATION SUPPLIED HEREIN OR IN CONNECTION WITH THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE UNDERSIGNED WILL NOTIFY THE COMPANY AS SOON AS PRACTICABLE AND THE COMPANY MAY MODIFY ANY QUOTATIONS OR AGREEMENTS TO PROVIDE INSURANCE. ANY INTENTIONAL MISREPRESENTATION, CONCEALMENT OR OMISSION OF A MATERIAL FACT SHALL BE GROUNDS FOR CANCELLATION, WITHDRAWAL OR DENIAL OF INSURANCE COVERAGE PROVIDED.**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Please email this completed form to Gina Worthington at [gina.worthington@lloyd-ins.com](mailto:gina.worthington@lloyd-ins.com).