

**MASTER PROPERTY AND LIABILITY APPLICATION FORM
INSURANCE WITH CERTAIN UNDERWRITERS AT LLOYDS OF LONDON**



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Name of Applicant: _____

Address: _____

Year Established _____ Charter: State Federal National

Type of institution (i.e. Savings and Loan; Federal / Commercial / National Savings Bank; Mortgage Bank; or other): _____

Major affiliations (i.e. National Savings and Loan League / State Savings and Loan Association): _____

PLEASE ENSURE ALL THE FOLLOWING QUESTIONS ARE ANSWERED IN FULL:

1. Total number of mortgages _____
2. Average value per mortgage: \$ _____
3. Number of foreclosures during past year: _____
4. Show percentage:
Dwelling (1-4 Family) _____ %
Apartments _____ %
Mercantile _____ %
Manufacturing _____ %
5. Cover required:
Property:
 All Risks (Excluding Flood & Earthquake)
 All Risks (Including Flood & Earthquake on OREO properties only)
 OREO Liability (requires concurrent purchase of Property cover)
6. Major metropolitan areas in which Applicant has mortgages: _____

7. Does the Applicant provide mortgages in areas where there is a prior history of riots? Yes No
If yes, please detail: _____

8. Does the Applicant provide mortgages in redevelopment areas? Yes No
9. Total Mortgages secured by properties located in the following New York City zip codes which are other than 1-4 family owner-occupied residences (if Applicant has any such properties, it will also be necessary to provide a listing of each individual property with its value and zip code): 10001, 10002, 10003, 10004, 10005, 10006, 10007, 10009, 10010, 10011, 10012, 10013, 10014, 10016, 10017, 10018, 10019, 10020, 10022, 10036, 10038, 10280 None # _____ \$ _____
10. Total Mortgages secured by properties located in the following Washington DC zip codes which are other than 1-4 family owner-occupied residences (if Applicant has any such properties, it will also be necessary to provide a listing of each individual property with its value and zip code): 20001, 20002, 20003, 20004, 20005, 20006, 20007, 20008, 20009, 20010, 20011, 20012, 20015, 20016, 20017, 20018, 20019, 20020, 20024, 20032, 20036, 20037, 20057, 20059, 20064, 20332, 20336
 None # _____ \$ _____

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11. What policy is followed as to inspection of properties securing existing mortgages? _____

12. In the event of foreclosure, what steps (if any) does Applicant take to avoid vacancy? _____

13. In the event of vacancy, do the following form part of the Applicant's criteria for the protection of their interest in these properties?

	<u>Yes</u>	<u>No</u>
(A) Property secured against entry?	<input type="checkbox"/>	<input type="checkbox"/>
(B) All utilities disconnected?	<input type="checkbox"/>	<input type="checkbox"/>
(C) Ensuring previous owner has no access?	<input type="checkbox"/>	<input type="checkbox"/>
(D) Property visited at least weekly by Applicant or an agent of Applicant?	<input type="checkbox"/>	<input type="checkbox"/>
(E) Any other procedures undertaken?	<input type="checkbox"/>	<input type="checkbox"/>

14. From the Applicant's recent experience, what is the average length of time that properties have remained vacant? _____

15. Does the Applicant have Lloyd's Mortgage Protection Insurance? Yes No
If no, please specify the name of the insurer, limit and expiration date of equivalent cover (if any): _____

Details of losses on all uninsured mortgaged or foreclosed properties during the past 5 years: _____

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 Application shall be the basis of the contract with Underwriters.

Signed at _____ this _____ day of _____, 20____

Applicant Signature _____ Title _____

Phone _____ Fax _____ e-mail _____

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of fact containing any false, incomplete or misleading information is guilty of a felony.

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APPLICANT MAY DISCARD THIS SHEET AFTER READING

ARKANSAS AND LOUISIANA FRAUD WARNING

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

COLORADO FRAUD WARNING

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 Agencies.

KENTUCKY FRAUD WARNING

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.

MAINE, TENNESSEE AND VIRGINIA FRAUD WARNING

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 benefits.

NEW JERSEY FRAUD WARNING

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 FRAUD WARNING

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 FRAUD WARNING

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.

NORTH DAKOTA FRAUD WARNING

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company, files a statement of fact containing any false incomplete or misleading information may be guilty of a felony.

OHIO FRAUD WARNING

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. The state's citation explicitly notes that the absence of such a warning shall not constitute a defense against prosecution for insurance fraud.

PENNSYLVANIA FRAUD WARNING

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.