

**Section 1: Contact Information**

Name of the Lending Institution: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \_\_\_\_\_ Fax: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_  
 \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Administrative Contact: \_\_\_\_\_ Executive Contact: \_\_\_\_\_  
 Title: \_\_\_\_\_ Title: \_\_\_\_\_

**Section 2: Real Estate Owned Portfolio Information**

- Attach Spreadsheet of current Real Estate Owned locations. Spreadsheet must include property Address, coverage amount, and type of property: i.e. Residential, mobile home, or commercial. If Commercial, please provide occupancy type- i.e. apartment (greater than 4 units), shopping center, office.

**Section 3: Select Your Program Options**

- A. Hazard Maximum Per Property Limit:       \$2,500,000       \$5,000,000
- B. Flood -  
Options:  
 \$25,000 per location  
 \$250,000 Residential and \$500,000 Commercial       \$ 1,000,000 per location
- C. Earthquake- (Excludes Earth movements in the states of California and Alaska).  
Options:  
 \$25,000 per location       Increase limits of Liability to \$1,000,000 per location
- D. Liability- Please mark if you would like liability coverage included.  
 \$1,000,000 per occurrence/ \$2,000,000 Annual Aggregate



E. Contractors Liability-Please choose one of the following options to apply to your program:

- \$50,000 per location
- \$100,000 per location

F. Property Deductible Options-

Select which options you would like included in your R.E.O. Select proposal. Once deductibles is selected it will apply to your entire program. Deductibles are not selected on a per property basis.

- \$1,000
- \$2,500
- \$5,000
- \$10,000
- \$25,000
- \$50,000
- \$75,000
- \$100,000

For higher deductible options, contact your WNC Representative.

**Section 4: General Information**

A. Have you had insurance declined or cancelled by any carrier in the past 3 years?  Yes  No

If yes, please provide details:

B. Please describe the property management procedures in place for the inspection of Owned Real Estate: i.e., how often are properties inspected, what are you winterization procedures, windows boarded, etc.

C. Are there any unusual exposures in you portfolio?  Yes  No

If yes, please provide details:

D. Are you expecting any change in your portfolio during the next 12 months?  Yes  No

If yes, please provide details:

E. Do you participate in the secondary market?  Yes  No

If Yes, :  As a Seller  As a Servicer  As a Purchaser

F. Are there any special needs that you would like met with your new insurance program?

**Disclaimer and Acknowledgement**

It is the responsibility of the applicant to read and understand the contents of this application. The applicant declares that all information in this application is true, correct and complete and that to material fact has been suppressed or misstated. The Applicant further understands that incorrect or incomplete statements or information could void the coverage afforded under the "policy" issued from the information contained in this application. The applicant also understands that this application and all information attached thereto becomes a part of their "policy", if issued.

Signature of Applicant	Title	Signature of Agent/Broker	Date
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