

**FINANCIAL SERVICES**  
**MORTGAGEHOLDERS COVERAGE PROGRAM**  
**RENEWAL APPLICATION**



intactspecialty.com/financial-services

**Atlantic Specialty Insurance Company**  
 (Stock company owned by Intact Insurance Group USA LLC)

**NOTICE: PLEASE REVIEW AND COMPLETE ALL SECTIONS OF THE APPLICATION. READ THE ENTIRE APPLICATION CAREFULLY BEFORE SIGNING.**

Whenever used in this Application, the term “you” shall mean the entity identified in response to the first question of Section I. of this Application. If additional space is needed to answer the below questions, attach a separate document to this Application to provide complete answers. If the answer to a question is none, state “None” or “0” in the space provided.

**I. APPLICANT**

Named Insured:

Street Address:

Mailing Address (if different):

City:

State:

Zip Code:

Authorized individual (Executive Officer) to receive notices and information regarding the proposed insurance:

Name:

Title:

E-mail address:

Phone:

Fax:

**II. COVERAGE SELECTIONS** – For changes in coverage selections, limits or deductibles, provide the information below. Attach a separate sheet if necessary. Please note that requested coverage is not automatically provided. The policy if issued, will determine actual coverage.

	Insuring Agreement	Limit of Insurance	Deductible
<input type="checkbox"/> New <input type="checkbox"/> Change		\$ ,000	\$
<input type="checkbox"/> New <input type="checkbox"/> Change		\$ ,000	\$
<input type="checkbox"/> New <input type="checkbox"/> Change		\$ ,000	\$

**III. MORTGAGE PORTFOLIO** – Provide the requested information for all mortgages owned or serviced for others.

Loan Portfolio Characteristics	Residential 1 – 4 Family 1 <sup>st</sup> Liens	Residential 1 – 4 Family Junior/2 <sup>nd</sup> Liens HELs, HELOCs	Single Unit Residential Condos	Manufactured Homes	Commercial Real Estate Loans (exclude land-only)
Number of Owned Loans					
Outstanding Balance (owned)	\$	\$	\$	\$	\$
Number of Non-owned Loans (serviced for others)					
Outstanding Balance (serviced for others)	\$	\$	\$	\$	\$
Largest Outstanding Balance	\$	\$	\$	\$	\$
Number of Loans > \$1,000,000					(> \$2.5m):
Number of Loans subject to Flood Act					
a. For how many mortgages do you escrow funds for payment of:					
Hazard Insurance		Flood Insurance		Real Estate Taxes	
b. Mortgages originated in last 12 months				Number of Loans	Outstanding Balance
(1) Total- 1-4 Family Residential, including junior/2 <sup>nd</sup> liens, HELs, HELOCs, single unit residential condos and manufactured homes:					\$

(2) Loans with Commercial Real Estate held as Collateral, including improved farmland and multi-family (5+ units):		\$
c. How many real properties do you hold in fiduciary trust and act as a trustee?		
d. Is any owned or serviced mortgaged property (1) located outside your state of domicile; (2) located in a state along the Atlantic or Gulf Coasts; (3) located in CA; or (4) serviced by others? <i>If "Yes," complete the relevant parts of the Mortgage Portfolio Supplemental Application.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No

**IV. CHANGES IN PROCEDURES/REQUIREMENTS – Provide details for any changes indicated below.**

Have there been any changes in the following procedures/requirements during the last 12 months that you have not already reported to the Underwriter in writing:		
a. Hazard Insurance Tracking (including escrow payment management) or Annual Reminder Notices		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Flood Insurance Tracking (including escrow payment management) or Annual Reminder Notices		<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Real Estate Tax Payment Confirmations (including escrow payment management)		
d. Flood Zone Determination Process or Life of Loan Coverage?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Insurance requirements of borrowers in mortgage agreements or your procedures for validating and documenting that required insurance is in place prior to dispersing funds?		<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Insurance for your Force Placed or Foreclosed properties or your procedures related to either?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Details for any changes - Attach a separate sheet if necessary.</i>		

**V. FRAUD WARNINGS**

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

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

**ARKANSAS, MINNESOTA, AND OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she 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, which is a crime.

**CALIFORNIA APPLICANTS:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO APPLICANTS:** 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 a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

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

**KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

**KENTUCKY APPLICANTS:** 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.

**LOUISIANA, NEW MEXICO AND RHODE ISLAND APPLICANTS:** 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.

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**MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** 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 APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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

**OREGON AND TEXAS APPLICANTS:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**PENNSYLVANIA APPLICANTS:** 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.

**PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

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## VI. SIGNATURE AND AUTHORIZATION

The undersigned, as the authorized agent of all individuals and entities proposed for this insurance, declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. For Florida Applicants, the preceding sentence is replaced with the following sentence: The undersigned, as authorized agent of all individuals and entities proposed for this insurance, represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Application and any attachments or information submitted with this Application (together referred to as the "Application") are true and complete. The information in this Application is material to the risk accepted by the Underwriter. If a policy is issued it will be in reliance upon the Application, and the Application will be the basis of the contract.

The Underwriter will maintain the information contained in and submitted with this Application on file.

**NORTH CAROLINA, UTAH AND WISCONSIN APPLICANTS:** This application and materials submitted with it shall become part of the policy, if issued, if attached to the policy at issuance.

The Underwriter is authorized to make any inquiry in connection with this Application. The Underwriter's acceptance of this Application or the making of any subsequent inquiry does not bind you or the Underwriter to complete the insurance or issue a policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to the Underwriter under any policy of a Claim or potential Claim.

If the information in this Application materially changes prior to the effective date of the policy, you must notify the Underwriter immediately and the Underwriter may modify or withdraw any quotation or agreement to bind insurance. Note this sentence does not apply to Maine Applicants.

**NEW YORK APPLICANTS:** 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.

REPRODUCED SIGNATURES, INCLUDING PHOTOCOPIES, WILL BE TREATED AS ORIGINAL.

IF YOU PREFER TO ELECTRONICALLY SUBMIT THIS APPLICATION TO THE UNDERWRITER, YOUR AUTHORIZED AGENT SHOULD DO SO BY CHECKING THE BELOW BOX AND TYPING THEIR NAME AND THE DATE. BY DOING SO, YOU AND YOUR AUTHORIZED AGENT HEREBY CONSENT AND AGREE THAT SUCH AUTHORIZED AGENT'S USE OF A KEY PAD, MOUSE OR OTHER DEVICE TO CHECK THE ELECTRONIC SIGNATURE AND ACCEPTANCE BOX CONSTITUTES THEIR SIGNATURE, ACCEPTANCE AND AGREEMENT AS IF ACTUALLY SIGNED BY SUCH AUTHORIZED AGENT IN WRITING AND HAS THE SAME FORCE AND EFFECT AS A SIGNATURE AFFIXED BY HAND.

A digital signature is as simple as:

1. Check the box.
2. Type authorized agent's name and the date.

The box must be checked by the chairperson, president, chief executive officer or chief financial officer of the Applicant (or equivalent positions thereof).

**AUTHORIZED AGENT SIGNATURE AND ACCEPTANCE**

Applicant Name			
By (Authorized Signature)			
<i>Or Sign/Type/Print the Name of the chairperson, president, CEO or CFO (or equivalent positions thereof) who signed this form electronically by checking the box above.</i>			
Name/Title		Date	
NOTE: THIS APPLICATION MUST BE SIGNED BY THE CHAIRPERSON, PRESIDENT, CHIEF EXECUTIVE OFFICER OR CHIEF FINANCIAL OFFICER OF THE APPLICANT (OR EQUIVALENT POSITIONS THEREOF) ACTING AS THE AUTHORIZED AGENT OF ALL INDIVIDUALS AND ENTITIES PROPOSED FOR THIS INSURANCE.			

Produced By (Insurance Agent)			
Insurance Agency			
Insurance Agency Taxpayer ID		Agent License No. or Surplus Lines No.	
Address	Street:		
	City:	State:	Zip: