

FINANCIAL SERVICES
MORTGAGEHOLDERS COVERAGE PROGRAM
MORTGAGE PORTFOLIO SUPPLEMENTAL APPLICATION



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

THIS SUPPLEMENTAL APPLICATION IS PART OF THE MORTGAGEHOLDERS COVERAGE PROGRAM APPLICATION, INCLUDING A RENEWAL APPLICATION, SUBMITTED BY OR ON BEHALF OF THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS AND REPRESENTATIONS CONTAINED IN SUCH APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS SUPPLEMENTAL APPLICATION.

Whenever used in this Supplemental Application, the term "you" shall mean the entity identified in Section I of this Supplemental Application.

I. APPLICANT

Named Insured	
(as identified in the Mortgageholders Coverage Program Application submitted for the proposed insurance)	
Mailing Address	

II. SUPPLEMENTAL INFORMATION

OWNED LOANS SERVICED BY OTHERS: – Complete only if you have others service any of your owned loans listed in Section III. MORTGAGE PORTFOLIO of the Mortgageholders Coverage Program Application.

Portfolio Characteristics	Residential 1 – 4 Family 1 st Liens	Residential 1 – 4 Family Junior/2 nd Liens or Home Equity Loans/Lines of Credit	Loans with Commercial Real Estate held as Collateral (excluded "land-only" loans)
Number of Owned Loans (serviced by others)			
Outstanding Balance	\$	\$	\$
a. Do you require a written contract with all entities who service loans on your behalf?			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you require all entities who service loans on your behalf to have Mortgage Impairment and E&O insurance that covers your ownership interest in serviced loans?			<input type="checkbox"/> Yes <input type="checkbox"/> No

STATE PORTFOLIO: GULF and ATLANTIC COAST STATES – Complete the table for any mortgaged property listed in the table below. Under % Tier 1, show the % of loans located in Tier 1 counties for wind. *For mortgaged property located in Florida, complete the additional table breaking the loans down by county.

State	% Tier 1	Number of Loans	Outstanding Balance	State	% Tier 1	Number of Loans	Outstanding Balance
Alabama	%		\$	Mississippi	%		\$
Connecticut	%		\$	New Hampshire	%		\$
Delaware	%		\$	New Jersey	%		\$
Florida*	%		\$	New York	%		\$
Georgia	%		\$	North Carolina	%		\$
Louisiana	%		\$	Rhode Island	%		\$
Maine	%		\$	South Carolina	%		\$
Maryland	%		\$	Virginia	%		\$
Massachusetts	%		\$	Texas	%		\$

Florida County Name	Number of Loans	Outstanding Balance
		\$

Florida County Name	Number of Loans	Outstanding Balance
		\$

	\$
	\$
	\$
	\$

	\$
	\$
	\$
	\$

STATE PORTFOLIO: CALIFORNIA – Complete the table for any mortgaged property located in California, breaking down the loans by the county as shown below.

California County Name	Number of Loans	Outstanding Balance	California County Name	Number of Loans	Outstanding Balance
Alameda		\$	Riverside		\$
Alpine		\$	San Benito		\$
Contra Costa		\$	San Bernardino		\$
Del Norte		\$	San Diego		\$
Humboldt		\$	San Francisco		\$
Imperia		\$	San Mateo		\$
Inyo		\$	Santa Barbara		\$
Kern		\$	Santa Clara		\$
Lake		\$	Santa Cruz		\$
Marin		\$	Solano		\$
Mendocino		\$	Sonoma		\$
Mono		\$	St. Luis Obispo		\$
Monterey		\$	Ventura		\$
Napa		\$	All Other Counties in CA		\$
Orange		\$	Total All Loans in CA		\$

STATE PORTFOLIO: ALL OTHER STATES – Complete the table for any mortgaged property located in a state not specifically listed in the other state portfolio tables above. Attach a separate sheet if needed.

State	Number of Loans	Outstanding Balance	State	Number of Loans	Outstanding Balance
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

III. SIGNATURE AND AUTHORIZATION

The undersigned declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Supplemental Application and any attachments or information submitted with this Supplemental Application are true and complete. For Florida Applicants, the preceding sentence is replaced with the following sentence: The undersigned represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Supplemental Application and any attachments or information submitted with this Supplemental Application are true and complete. The undersigned understands that this Supplemental Application and any such attachments or information submitted herein are part of the application submitted by or on behalf you for the proposed insurance, and are subject to the representations and conditions set forth therein.

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.

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.

MAINE 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.

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.

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 SUPPLEMENTAL 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.	