

OLANDIS – Mortgage Originators Policy Application

In addition to this application please fax a current audited or in-house financial statement and resumes of Principal Officers. We cannot quote without this additional information. Our fax number is (312)-381-6195

FIRM NAME: _____

ADDRESS _____

CITY, STATE, ZIP & COUNTY _____

CONTACT PERSON TITLE _____

PHONE NUMBER _____

FAX NUMBER _____

YEAR YOUR FIRM WAS ESTABLISHED: _____

ANTICIPATED ANNUAL REVENUES:

THIS YEAR: \$ _____

NEXT YEAR: \$ _____

CHECK COMPANY PROFESSIONAL ASSOCIATION MEMBERSHIPS HELD:

- MORTGAGE BANKERS ASSOCIATION OF AMERICA
- NATIONAL ASSOCIATION OF MORTGAGE BROKERS
- STATE MORTGAGE BANKING ASSOCIATION

PLEASE LIST STATE ASSOCIATION _____

NAME ANY 401K OR PENSION PLANS:

NAME OF ALL OWNERS _____ % OWNERSHIP

TOTAL NUMBER OF ALL EMPLOYEES INCLUDING OWNERS _____

TOTAL NUMBER OF INDEPENDENT CONTRACTORS WORKING EXCLUSIVELY FOR YOUR FIRM: _____

TOTAL _____

NUMBER OF LOCATIONS EXCLUDING THE MAIN OFFICE UNDERWRITE AND/OR CLOSE LOANS: _____

NUMBER OF LOCATIONS, EXCLUDING MAIN OFFICE, WHICH ONLY TAKE IN UNCLOSED LOAN APPLICATIONS: _____

TOTAL NUMBER OF OFFICES: _____

DOES YOUR FIRM SERVICE ANY LOANS OR HAVE ANY LOANS SUB-SERVICED BY ANOTHER ENTITY? YES NO

DOES YOUR FIRM DO BUSINESS WITH:

- FNMA
- GNMA
- FHLMC

DOES YOUR FIRM HAVE A WAREHOUSE LINE OF CREDIT?

- YES
- NO

IF NO, DO YOU INTEND ON GETTING A WAREHOUSE LINE OF CREDIT IN THE NEXT SIX MONTHS? YES NO

WAREHOUSE LENDERS YOUR FIRM USES OR HAS APPLIED TO:

FIRM	CONTACT	PHONE

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WHOLESALE LENDERS YOUR FIRM USES OR HAS APPLIED TO:

FIRM	CONTACT	PHONE

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DOES YOUR FIRM ENGAGE IN WHOLESALE LENDING?

- YES
- NO

IF YES, DOES YOUR FIRM PAY YIELD SPREAD PREMIUMS OR OTHER FEES TO MORTGAGE BROKERS THAT ARE NOT BASED ON ACTUAL SERVICES RENDERED? IF YES, PROVIDE DETAILS:

DOES YOUR FIRM OR AN AFFILIATE/SUBSIDIARY ENTITY HAVE ANY OWNERSHIP OR EQUITY INTEREST IN ANY PROPERTY(IES) FOR WHICH SERVICES ARE PROVIDED? YES NO. IF YES, PLEASE DESCRIBE INTERESTS:

PERCENT OF ALL YOUR FIRM'S LOANS, WHICH ARE UNDERWRITTEN BY YOUR FIRM: _____%

PERCENT OF ALL YOUR FIRM'S CLOSED LOANS, WHICH ARE CLOSED IN THE NAME OF YOUR FIRM: _____%

DOES YOUR FIRM ORIGINATE ANY:

- REVERSE MORTGAGES? YES NO
- SUB-PRIME? YES NO

IF YES, WHAT PERCENTAGE OF EACH:

SUB-PRIME: _____% REVERSE _____%

NUMBER AND DOLLAR VOLUME OF ALL LOANS YOUR FIRM ORIGINATED IN THE PAST 12 MONTHS (If new company, please fill in projected origination volume):

1-4 FAMILY # _____ \$ _____

SECOND MORTGAGES # _____ \$ _____

COMMERCIAL/MULTI-FAMILY # _____ \$ _____

AVERAGE LOAN VALUE: \$ _____

MAXIMUM LOAN VALUE: \$ _____

DO ANY OF YOUR EMPLOYEES OR EMPLOYEES OF RELATED ENTITIES PERFORM PROPERTY APPRAISALS? YES NO

DOES YOUR FIRM ALWAYS COMPLY WITH THE TRUTH-IN-LENDING ACT, EQUAL CREDIT OPPORTUNITY ACT, RESPA AND HOPEA? YES NO

IN THE PAST 6 YEARS HAS YOUR FIRM DISCOVERED OR INCURRED A LOSS OR POTENTIAL LOSS IN EXCESS OF \$1,000 IN ANY OF THE FOLLOWING AREAS?

EMPLOYEE DISHONESTY/FIDELITY YES NO

FORGED DOCUMENTS/CHECKS YES NO

BURGLARY, ROBBERY OR THEFT YES NO

OBTAINING/MAINTAINING MORTGAGOR'S INSURANCE: YES NO

REAL ESTATE TAX PAYMENTS YES NO

ERRORS, OMISSIONS OR NEGLIGENT ACTS YES NO

LAWSUITS OR POTENTIAL LAWSUITS YES NO

IF YES, PLEASE EXPLAIN ON A SEPARATE PAGE.

HAS ANY PRINCIPAL OF YOUR FIRM EVER BEEN THE SUBJECT OF ANY CLAIM OR LAWSUIT WITH THIS OR ANY OTHER COMPANY

YES NO

IF YES, PLEASE EXPLAIN ON A SEPARATE PAGE

The undersigned, authorized officer of the applicant firm, warrants after inquiry, to the best of their knowledge, the statements set forth in this application are accurate and complete; that the statements are representations made on behalf of all persons and entities proposed for coverage; the representations are a material inducement to the insurer to provide a proposal for insurance; and any policy the insurer issues will be issued in reliance upon those representations. This application, including all attachments and written statements will form a part of the policy.

Signing this application form does not bind the applicant or the insurer to complete the insurance.

It is agreed that if there is any material change in the answers to the questions herein, prior to the effective date of the policy, the applicant will notify the underwriters, and any outstanding quotation may be modified or withdrawn.

SIGNATURE OF PRESIDENT OR CEO

PRINT NAME AND TITLE

DATE

ANY QUESTIONS? CALL US AT 800-524-6912 OR EMAIL US AT Olandis@FPRSI.COM.

OLANDIS is a Division of Financial & Professional Risk Solutions, Inc. (in California d/b/a FS Insurance Agency of California, Inc. #OB93670)

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