



Bridge60® Application

Lender-Placed Flood Insurance

Note: Internet Explorer is required to use automatic submission feature in browser. All other browsers are not supported & require manual download and return to salesupport@pfic.com.

Client Information

Client Number	Vendor Number	Application Date	Sales Rep	Segment
Name of Institution			CSR	Processing Fee
Address <i>(if mailing address is different from corporate, include both)</i>				
City	State	Zip		
Contact Person Name	Contact Person Title	Contact Person Email		
Decision Maker Name	Decision Maker Title	Decision Maker Email		
Phone Number	Fax Number			
How did you hear about PFI?		Explain:		

Portfolio Information

Number of Properties Serviced in Mortgage Portfolio	Count of loans by state including insured value and property addresses <i>(must be attached)</i>			
Percentage of Properties Owned or REO	%	Do you provide lending in coastal states?		Yes No
Loan Type Needing Coverage		Lender-Placed	REO	Both
Number of Residential Loans	Name of Current Insurance Provider			
Number of Commercial Loans	Current Insurance Tracking Device			
Do you have contents-only loans?	Yes	No	Was your program non-renewed or cancelled by your previous carrier?	
Do you have loans that the borrower does not have sufficient limits?	Yes	No	Non-Renewed	Cancelled
Percentage of portfolio on which you have granted a mortgage	%	Name of Mortgage Servicing System		
Percentage of your business renting and/or refurbishing properties	%	Are you servicing on behalf of others?		
Are are a seller/servicer of Fannie Mae or Freddie Mac loans?	Yes	No	Yes	No
		If yes, what percentage of the investor's business is renting and/or refurbishing properties?		
		Additional information may be required for the underwriting process		

Optional Endorsements

Reporting Method: Internet InForcer

Authorized Client Signature *(Required)*

Date

*Optional coverage available upon underwriter approval. Note: This is not a Binder. Coverage will not be considered bound unless written confirmation is provided by Proctor Financial, Inc.

STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another person, who 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 the person to criminal and civil penalties. This application becomes a part of the insurance policy if bound. I have read and fully understand the above information, as well as answered the questions to the best of my knowledge.

Proctor Financial, Inc. Internal Use Only

Internet		InForcer	
Login	Password	Login	Password
Comments	Carrier	Comm. %	
	Agent	Comm. %	
	Filer	PFI	
Where should materials be sent to?	Agent	Direct	
Billing Mode	Requested By	New Policy Number	

STATEMENT: **Applicable in AL, AR, DC, LA, MD, NM, RI, and WV:** Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO: 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 reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: 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 of any agent thereof, any written statement as part of, on 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.

Applicable in KY, NY, OH and PA: 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 purpose of misleading, information concerning and fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the state values of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes and false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.