PROCTOR FINANCIAL

Investor/REO Rental Program Application

Property & Liability Coverage

SUBMIT PRINT RESET

Client Information

Application Date	Vendor Number	Client Number

Name of Institution | Company Website

Address *(if mailing address is different from corporate, include both)*

City | State | Zip

Contact Person/Decision Maker Name | Contact Person Title | Contact Person E-mail

Phone Number | Fax Number

Company FEIN Number or Principal(s) SSN if FEIN is not available

How did you hear about PFI? | Explain:

Portfolio Information

Number of Properties in Portfolio

Number of Properties Owned Due to Purchase

Number of Properties Owned through Foreclosure Deed in Lieu

Number of Residential Properties *(1-4 family dwellings)*

Number of Commercial Properties *(5 or more units; other commercial exposures)*

Last 12 Months Premium
$

12 Months Claims *(please attach 3-year hard copy loss run from current/previous carrier(s))*

Are you managing on behalf of others? ☐ Yes ☐ No

Number of Properties to be placed at inception

Please provide a brief description of your business model, include resumes of principals *(please attach)*

Do you plan on purchasing blocks of properties? ☐ Yes ☐ No

In addition to purchasing properties, are you involved in lending activities? ☐ Yes ☐ No

How do you secure properties once purchased?

Do you do inspections after the properties are purchased? ☐ Yes ☐ No

How often?

Exterior? ☐ Yes ☐ No

Interior? ☐ Yes ☐ No

Do you and/or a contracted company winterize the properties? ☐ Yes ☐ No

Do you perform renovations to properties if necessary? ☐ Yes ☐ No

If yes, what is the average cost of renovations per property? $

Are the renovations: ☐ Cosmetic ☐ Structural

Is a standard lease agreement used in all cases? *(please provide a copy)* ☐ Yes ☐ No

Percentage of properties undergoing renovation
%

Percentage of Rental Properties
%

Number of Properties by State: *(Attach a property list including address, city, state, zip, insured value & occupancy status for each property))*

Do you have coastal state properties? ☐ Yes ☐ No

How is insured value determined?

☐ **Current Market Value** ☐ **Replacement Cost**

☐ **Actual Cash Value** ☐ **Purchase Price**

☐ **Other** *(explain)*

Name of Current Insurance Provider

Was your program non-renewed/cancelled by your previous carrier? ☐ Yes ☐ No

Do you acquire properties by purchasing tax liens? ☐ Yes ☐ No

When purchasing properties, do you inspect them prior to closing? ☐ Yes ☐ No

Do you have a company that performs inspections including photo documentation? If yes, who? ☐ Yes ☐ No

Do you purchase distressed loans? ☐ Yes ☐ No

Do you use a management company? *If yes, who?* ☐ Yes ☐ No

Do you "rent to own" properties to tenants? ☐ Yes ☐ No

Are there any subsidized renters at any location? ☐ Yes ☐ No
If yes, indicate the percentage:

Any exposure to student housing? ☐ Yes ☐ No

Are all rental dwellings registered with the local municipalities as required by laws & ordinances? ☐ Yes ☐ No

Do you have written eviction procedures that comply with all applicable laws and ordinances? *If yes, provide a copy.* ☐ Yes ☐ No

Additional Information may be required for the underwriting process

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Optional Coverage/Endorsements*

Premises Liability	☐ Yes	☐ No	Flood (Bridge60®)	☐ Yes	☐ No
Loss of Rental Income	☐ Yes	☐ No	Ordinance or Law	☐ Yes	☐ No
Residential Contents	☐ Yes	☐ No	Hazard Insurance Binding Limit per Property	$	
Vacant Theft Endorsement	☐ Yes	☐ No			

Additional Services

Replacement Cost Valuations	☐ Yes	☐ No	Flood Determination Service	☐ Yes	☐ No
Inspection Services	☐ Yes	☐ No	Real Estate Tax Services	☐ Yes	☐ No

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.

Requested By:

Send Materials to:

Authorized Client Signature (Required) Date

* Optional Coverage / Endorsements 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: **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.

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