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| **Section 1: Client Information** |
| Client Name: |  | Phone: |  |
| Client Address: |       | City: |  |
|  |  | State: |  | Zip: |  |
| Domiciled State: |  |  |
| Program Contact: |  | Executive Contact:  |  |
| Title: |  | Title:  |  |
|  |  |  |  |
| **Section 2: Portfolio Underwriting - Lender Placed Insurance (LPI)** |
| Please submit the following to assist with our underwriting:1. Excel spreadsheet or data file of active LPI certificates sorted by hazard and flood (please do not include Wind-Only LPI), insuring residential, 1-4 family unit properties with the following information:
2. Property address, city, state and zip
3. Property description (single-family dwelling, condominium, townhouse, etc.)
4. LPI Coverage amount
5. Occupancy (owner occupied, vacant, etc.)
6. Delinquency Status (less than 30-days, 30-60, 60-90, more than 90-days)
7. Annual LPI premium
8. Premium and loss experience reports for your current Lender Placed Program, covering at least the last three (3) years if available.
9. Portfolio loan distribution by state (attach if needed):
 |
|  |
| **Section 3: General Information** |
| 1. Total Portfolio Loan Volume:
 |  |
| 1. Current LPI Policies in-force (total only):
 |  |
| 1. Has your Lender Placed Insurance been declined or canceled by any carrier in the past 3 years? [ ]  Yes [ ]  No
 |
| If yes, please provide details: |  |
| 1. Are you expecting any change in your portfolio during the next 12 months? [ ]  Yes [ ]  No
 |
| If yes, please provide details: |  |
| 1. Who is your current Lender Placed Insurance carrier?
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|  |  |
| **Disclaimer and Acknowledgement** |
| It is the responsibility of the applicant to read and understand the contents of this application. The applicant declares that all information in this application is true, correct and complete and that no material fact has been suppressed or misstated. The Applicant further understands that incorrect or incomplete statements or information could void the coverage afforded under the “policy” issued from the information contained in this application. The applicant also understands that this application and all information attached thereto becomes a part of their “policy”, if issued. |

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 Signature of Applicant Date Signature of Broker Date

**ATTORNEY-IN-FACT APPOINTMENT**

The Client, whose name and address appears above, hereby appoints Highland Insurance Solutions, LLC, as its attorney-in-fact for the sole purpose of acquiring insurance, as applied for, which will be underwritten by certain Underwriters at Lloyd's, London, through licensed excess and surplus lines brokers of WNC Insurance Services, Inc. ("Underwriters"). Under this appointment, Highland Insurance Solutions, LLC, is authorized to sign on behalf of the Client all documents required to affect such insurance with the Underwriters. The Client will receive a complete copy of the policy as issued.

(Client’s Authorized Signature) (Print Name and Title)

**POLICYHOLDER DISCLOSURE**

**NOTICE OF TERRORISM**

**INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended

("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term “act of terrorism” means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2014, the date on which the TRIA Program is scheduled to terminate or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A $100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS $100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED $100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

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|  | I hereby elect to purchase coverage for acts of terrorism for a prospectivepremium of: 5% Per Property Premium |
|  | I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism. |

Insured Lender Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certain Underwriters at Lloyd’s, London

Policyholder/Applicant’s Signature Insurance Company

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Print Name & Title Policy Number

LMA 9011