

1. Name of applicant or insured: \_\_\_\_\_

2. Please provide the following:

a. Percentage of gross annual revenue as:

i. Mortgage broker: \_\_\_\_\_%

ii. Mortgage banker: \_\_\_\_\_%

b. Percentage of residential mortgages: \_\_\_\_\_%

i. Average size of residential mortgage: \$ \_\_\_\_\_

ii. Maximum value of any one residential mortgage: \$ \_\_\_\_\_

c. Percentage of commercial mortgages: \_\_\_\_\_%

i. Average size of commercial loan: \$ \_\_\_\_\_

ii. Maximum value of any one commercial mortgage: \$ \_\_\_\_\_

3. List the percentage of mortgage activities performed, must total 100%:

ACTIVITY	PERCENTAGE
a. Loan underwriting	%
b. Loan servicing	%
c. Loan origination	%
d. Other (please describe): _____	%
Total	100%

4. Does the applicant lend their own funds?  Yes  No

5. Does the applicant have discretionary authority to make any loan?  Yes  No

6. Does the applicant provide loan closing services?  Yes  No

7. Does the applicant have a warehouse line of credit?  Yes  No

If "Yes," what is the amount of credit? \$ \_\_\_\_\_

If "Yes," what lender(s) does applicant have warehouse line of credit with? \_\_\_\_\_

8. Are loan modification services performed?  Yes  No

9. Does the applicant have any affiliated entities involved in any title/escrow, real estate sales, real estate development or real estate appraisal?  Yes  No

If "Yes," please explain and provide full legal entity name(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



10. List the percentage of the applicant's gross annual revenue from the following activities, must total 100%:

PRACTICE AREA	PERCENTAGE OF REVENUE
a. FHA/VA loans/conventional	%
b. Refinances	%
c. Low/no document loans	%
d. Reverse mortgages	%
e. Subprime loans	%
f. Yield spread premium	%
g. Adjustable rate mortgage	%
h. Other (please describe): _____ _____ _____	%
Total	100%

11. Does the applicant have written procedures in place for Truth in Lending, Equal Credit Opportunity Act and Real Estate Settlement Procedures Act control/compliance?  Yes  No

12. Does the applicant have a fidelity bond?  Yes  No

If "Yes," what is the carrier name and effective date?: \_\_\_\_\_

13. Please list the three (3) largest financial institutions loans are generated for:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

14. Has the applicant ever been terminated by a lender/investor?  Yes  No

If "Yes," provide name of lender/investor, date of termination and reason: \_\_\_\_\_

15. Is the applicant licensed in states where required?  Yes  No

16. Has the applicant's license ever been suspended, placed on probation, revoked or restricted in any way?  Yes  No

If "Yes," please provide details: \_\_\_\_\_

17. Has the applicant or any predecessor in business or any of the past or present partners, officers, directors or employees been the subject of an investigation, reprimand, disciplinary action, or a filed complaint by the FHA, VA, PMI carrier, any investor, authority or governmental agency?  Yes  No

If "Yes," please provide details: \_\_\_\_\_



SIGNATURE IN FULL: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**ALL QUESTIONS MUST BE ANSWERED AND THE APPLICATION MUST BE SIGNED AND DATED**

Agency Name and Address: \_\_\_\_\_

Person Submitting Application: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_