

**FORECLOSURE AGENT  
SUPPLEMENTAL APPLICATION**



**INSTRUCTIONS FOR COMPLETING APPLICATION:**

1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
2. If a question is not applicable, state "N/A". If more space is required to answer a question, please attach exhibit with the question number.
3. Application must be signed and dated by authorized person.

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1. Applicant name: \_\_\_\_\_
  2. Do any of the Applicant's principals, partners, officers, directors or managers have at least five years of experience as a foreclosure agent?  Yes  No  
If "no", please attach resumes of key personnel providing foreclosure agent services.
  3. a. Please describe the types(s) foreclosure services performed by the Applicant:  
\_\_\_\_\_
  - b. What was the average number of foreclosures handled by the Applicant over the past fiscal year? \_\_\_\_\_
  - c. What was the average value of properties foreclosed on over the past fiscal year? \$\_\_\_\_\_
  - d. Types of Foreclosures:  
Judicial \_\_\_\_\_%  
Non-judicial \_\_\_\_\_%
  - e. Please indicate types of property by percentage for which foreclosure services are performed:
    1. Commercial \_\_\_\_\_%
    2. Residential \_\_\_\_\_%
    3. Farm \_\_\_\_\_%
    4. Industrial \_\_\_\_\_%
    5. Vacant \_\_\_\_\_%
    6. Other (Please describe) \_\_\_\_\_%
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4. a. Are the Applicant's agents required to have a valid license in all state in which foreclosure services are provided?  Yes  No
- b. Are all independent contractors and/or subcontractors utilized by the Applicant to provide foreclosure services required to have a valid license in all states in which foreclosure services are provided?  Yes  No
- c. Please list all states In which the Applicant provides services: \_\_\_\_\_
- d. Please list industry associations/memberships with which the Applicant is affiliated:  
\_\_\_\_\_
5. Does the Applicant have in house counsel or outside counsel review relevant statutory law and regulations to ensure compliance?  Yes  No  
If no, please describe how the Applicant ensures compliance with applicable laws and statues: \_\_\_\_\_

**I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.**

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.**

\_\_\_\_\_  
**Signature of Owner, Officer or Partner**

\_\_\_\_\_  
**Print or Type Name and Title**

\_\_\_\_\_  
**Date (m-d-y)**