



**MORTGAGE BROKERS
ERRORS & OMISSIONS APPLICATION**



<u>Please include the following with your application:</u>		1. Sample processing forms. 2. Sample loan correspondent contract.
APPLICANT NAME:		
BUSINESS NAME:		
BUSINESS ADDRESS:		
DATE OF COMPANY FORMATION:		

1. Number of staff: Principals/Owners _____ Servicers _____ Clerical/Receptionist _____
 Originators _____ Underwriters _____ Processors _____ Closers _____
 All Others (specify) _____ Total _____

2. What is your estimated total annual gross receipts for the coming year? \$ _____
 Indicate the following for loans handled in the last year:

Service Area	# of Loans	Total Value	Avg. Value	Max. Value	% of Gross Receipts
Loan Origination		\$	\$	\$	
Loan Underwriting		\$	\$	\$	
Loan Servicing		\$	\$	\$	
Loan Warehousing		\$	\$	\$	

Describe any other services: _____

3. Do you or any of your employees or related entities perform property appraisals? No Yes

4. Provide a percentage breakdown of mortgages originated in the following areas:

	Existing	New Construction
Residential	%	%
Commercial (inc. income producing properties)	%	%
Other (describe)	%	%

5. Estimated loans in applicant's servicing portfolio requiring collection of Real Estate Tax escrow?
 _____%

6. Describe procedures in place to determine if real estate property taxes have been paid. _____

7. Does the applicant fund loans via a warehouse line or any other means in your name? No Yes
 If yes, provide details: _____

8. Does the applicant hold funded loans for more than 8 months? ? No Yes
If yes, provide details: _____

9. Does the applicant fund any loans without having advance written commitment from an investor? No Yes
If yes, provide details: _____

10. Does the applicant have a fidelity bond? No Yes
11. Does the applicant have written procedures for quality control compliance in:
Truth in Lending: No Yes
Equal Credit Opportunity Act: No Yes
Real Estate Settlement Procedures Act: No Yes
12. Describe your internal audit practices and procedures (i.e. does the applicant perform internal audits; which areas of the services you provide are audited; how frequently are these audits performed, etc.)

13. Are there any external audits performed? No Yes
If yes, who performs them and how frequently? _____

14. Have there been any complaints or criticisms as a result of an audit in the past two years? If yes, provide details: No Yes

15. Has the applicant ever been rejected for application with an investor or had a correspondent relationship terminated with an investor? No Yes
If yes, provide explanation regarding circumstances: _____

16. Are duties segregated so that no single individual has both custodial and accounting authority over the applicant's funds and activities? No Yes
17. Does the applicant attend closings/escrows? No Yes
If yes, describe your role: _____

17. Total number of closings/escrows estimated for coming year? _____
18. Does your firm:
Perform escrow services according to written instructions only? No Yes
Require signatures on any changes to written instructions? No Yes
Require each person's work to be checked by another? No Yes
Require "good funds" at closing? No Yes
Require each person's work to be checked by another? No Yes
19. Have you had any E&O claims brought against you/company in the past 7 years? No Yes
If Yes, please complete the attached supplemental claim questionnaire.

20. Do you currently carry Professional Liability/Errors & Omissions Insurance covering No Yes your appraisal activities?

If Yes, please complete the following concerning your expiring coverage:

Retroactive Date: _____ (attach a copy of the Declarations page from your current coverage)

Insurance Carrier: _____ Limits: _____

Deductible: _____ Premium: _____

Is current carrier willing to renew coverage? No Yes

If No, please provide details: _____

21. Requested limits of Errors & Omissions Insurance:

_____ 100/100 _____ 250/250 _____ 500/500 _____ 1 mil/1 mil

_____ Other: _____

Requested deductible:

_____ \$1000 _____ \$2500 _____ \$5000 _____ \$7500 _____ \$10000

_____ Other: _____

I/We agree and understand this supplement becomes part of the application which forms a part of the policy. This information is true and correct to the best of my/our knowledge.

Firm Partner/Owner Signature

Date