

New Business Application

Underwritten by The Hanover Insurance Company

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

INSTRUCTIONS

Whenever used in this Application, the term **Applicant** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons and entities, subsidiaries, proposed for insurance unless otherwise stated.

A. CONTACT INFORMATION

- Full Legal Name of **Applicant** (include all firm names, franchise affiliations, trading names and DBAs under which the **Applicant** operates): _____
 Applicant is a: Sole Proprietor Partnership Corporation LLC LLP
 Independent Contractor Other: _____
- Mailing and Physical Address of **Applicant** including contact information:
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Physical Address (if different): _____
 Primary **Applicant** contact name: _____
 Title: _____ Phone #: _____
 Email: _____
 Website: _____
- Has the **Applicant** ever operated under any other name? Yes No
 If "Yes", please explain: _____
- Are **You** controlled, affiliated with or owned by any other firm or business enterprise? Yes No
 If "Yes", please explain: _____

B. GENERAL BUSINESS INFORMATION

- Date **Applicant** was established: _____
- How many years of industry experience do **You** have? _____
- Describe **Your** Professional Services:

Professional Services	Total Revenue – Past 12 months	Total Revenue – Projected Next 12 months
	\$	\$
	\$	\$
	\$	\$

- Do **You** provide services or operate outside the United States? Yes No
 If "Yes", please explain what services and locations: _____

9. Please complete the following information for the current year:

Staff	Full Time	Part Time
Principals/Professionals		
Administrative/Clerical		

10. Are **You** a member of any professional association? Yes No

If "Yes", please identify them: _____

11. Describe **Your** five largest projects or jobs during the past three years.

Client Name	Services Rendered	Annual Revenue Derived from the Project or Job
		\$
		\$
		\$
		\$
		\$

12. Do **You** use written contracts with **Your** clients? Always Sometimes Never N/A

If **You** use contracts, does the contract contain:

- a. A detailed description of **Your** services to be provided? Yes No N/A
- b. A hold harmless agreement and/or Limitation of Liability in **Your** favor? Yes No N/A
- c. Industry standard forms? Yes No N/A

13. Subcontractors:

- a. Do **You** use independent contractors and/or subcontractors? Yes No
- If "Yes", do **You** require them to carry their own professional liability insurance? Yes No

b. What percentage of **Your** services are performed by independent contractors and/or subcontractors? ___%

14. Do **You** utilize any risk management procedures to reduce losses? Yes No N/A

15. Do **You** have a formalized training program for employees? Yes No N/A

16. Do **You** anticipate any significant changes in the nature of **Your** Professional Services or business structure in the next twelve (12) months? Or have there been any such changes in the past twelve (12) months?

Yes No

If "Yes", please explain: _____

17. Does the **Applicant** have any subsidiaries for which coverage is requested? Yes No

If "Yes", please complete the schedule below.

Subsidiary Information

Full Legal Name	% Owned	Year Started	Description of Operations

IMPORTANT: It is understood and agreed that coverage is not provided for subsidiaries not fully disclosed in response to Question 17.

18. Are **Your** computer systems protected with regularly updated firewall, anti-virus and anti-malware software? Yes No
19. Are **Your** portable electronic devices and removable electronic media protected by encryption? Yes No
20. Do **You** require annual training on information security for all personnel? Yes No

C. CURRENT INSURANCE INFORMATION

21. Please provide the following information regarding the **Applicant's** most recent insurance policies. If no coverage is currently in-force please indicate with a N/A.

<i>Insurance Carrier</i>	<i>Expiration Date</i>	<i>Limit of Liability</i>	<i>Deductible</i>	<i>Premium</i>
			\$	\$
			\$	\$
			\$	\$
Retroactive Date:	<i>(This is the date the Applicant first purchased claims made coverage that has been continuously in-force without interruption.)</i>			

22. During the past 5 years, has any professional liability claim or suit ever been made against the **Applicant**, any predecessor firm or any of the **Applicant's** current or former professional staff? Yes No
If "Yes", please indicate how many: _____ Please submit 5 year loss runs and complete a Supplemental Claim Form for each claim.
23. Does any of the **Applicant's** professional staff know of any incident, negligent act, error or omission, or other circumstance that could result in a claim or suit against the **Applicant** or any predecessor firm or any of the **Applicant's** current or former professional staff? Yes No
If "Yes", indicate how many: _____ and complete a Supplemental Claim Form for each potential claim .
24. Has any of the **Applicant's** or a predecessor firm's professional staff ever had their license revoked or suspended or been formerly reprimanded or been the subject of a disciplinary action? Yes No
If "Yes", please provide complete details on a separate sheet.

D. REQUESTED COVERAGE

25. Limit requested:
- \$100,000/\$300,000 \$250,000/\$250,000 \$250,000/\$500,000 \$500,000/\$500,000
- \$500,000/\$1,000,000 \$1,000,000/\$1,000,000 Other: \$ _____
26. Deductible requested:
- \$2,500 \$5,000 \$7,500 \$10,000 \$15,000
- \$25,000 Other: \$ _____

E. DECLARATIONS AND NOTICE

The undersigned, acting on behalf of the **Applicants**, represents that the statements set forth in this Application are true and correct and that thorough efforts were made to obtain requested information from all of **You** to facilitate the proper and accurate completion of this Application.

The undersigned agree that the information provided in this Application and any material submitted herewith are the representations of all of **You** and that they are material and are the basis for issuance of the insurance **Policy** provided by **Us**. The undersigned further agree that the Application and any material submitted herewith shall be considered attached

to and a part of the **Policy**. Any material submitted with the Application shall be maintained on file (either electronically or paper) with **Us**.

It is further agreed that:

- If any of **You** discover or become aware of any material change which would render the Application inaccurate or incomplete between the date of this application and the **Policy** inception date, notice of such change will be reported in writing to **Us** as soon as practicable;
- Any **Policy** issued will be in reliance upon the truthfulness of the information provided in this Application.
- The signing of this Application does not bind the **Applicant** to purchase insurance.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARIZONA AND MISSOURI APPLICANTS: Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: 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 purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO IDAHO AND OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO KANSAS APPLICANTS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or 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.

NOTICE TO KENTUCKY APPLICANTS: 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 the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: 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.

NOTICE TO MICHIGAN APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

NOTICE TO NEW JERSEY APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NOTICE TO NEW HAMPSHIRE APPLICANTS: 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.

NOTICE TO NEW MEXICO AND RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

This Application must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

<i>Date</i>	<i>Signature/Title</i>
_____	_____
(mm/dd/yyyy)	(Chief Executive Officer, President, Chief Financial Officer, Managing Partner or Owner)

Agent's Signature: _____

A POLICY CANNOT BE ISSUED UNLESS THE "APPLICATION" IS PROPERLY SIGNED AND DATED.

Mortgage Broker Services Questionnaire

Underwritten by The Hanover Insurance Company

NOTICE: THIS QUESTIONNAIRE IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSUREDS AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

QUESTIONNAIRE INSTRUCTIONS

Whenever used in this Questionnaire, the term you or your(s) or the Applicant shall mean the Named Insured and all subsidiaries, unless otherwise stated.

A. APPLICANT INFORMATION

- 1. Full Legal Name of Applicant (include all firm names, franchise affiliations, trading names and DBAs under which the Applicant operates):
Applicant is a: Sole Proprietor Partnership Corporation LLC LLP
Independent Contractor Other:
2. Mailing and Physical Address of Applicant including contact information:
Mailing Address:
City: State: Zip Code:
Physical Address (if different):
Primary Applicant contact name:
Title: Phone #:
Email:
Website:
3. Has the Applicant ever operated under any other name? Yes No
If "Yes", please explain:
4. Are You controlled, affiliated with or owned by any other firm or business enterprise? Yes No
If "Yes", please explain:

B. UNDERWRITING INFORMATION

- 5. Percentage of Residential Mortgages: %
a. Average size of Residential Mortgage:
b. Maximum value of any one Residential Mortgage:
6. Percentage of Commercial Mortgages: %
a. Average size of Commercial Loan:
b. Maximum value of any one Commercial Mortgage:
7. Percentage of "Other" Mortgages: %
a. Please describe the "Other" types of mortgages:
b. Average size of "Other" Loan:
c. Maximum value of any one "Other" Mortgage:

8. List the percentage of mortgage activities form loan:

(Must total 100%)

Origination	%
Underwriting	%
Servicing	%
Warehousing	%
Other: (please describe)	%

9. Does the Applicant lend their own funds? Yes No

If "Yes", does the Applicant hold funded loans for more than six months? Yes No

10. Does the Applicant have discretionary authority to make any loan? Yes No

11. Does the Applicant provide loan closing services? Yes No

12. Does the Applicant have a warehouse line of credit? Yes No

a. If "Yes", what is the amount of credit? _____

b. If "Yes", what lender(s) does Applicant have warehouse line of credit with? _____

13. 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):

14. What percentage of the Applicant's gross annual revenue comes from the following activities:

Practice Area	Percentage of Revenue
a. Conventional Fixed Rates	%
b. FHA/VA Loans	%
c. Refinances	%
d. Loan Modification Services	%
e. Low/No Document Loans	%
f. Reverse Mortgages	%
g. Subprime Loans	%
h. Yield Spread Premium	%
i. Adjustable Rate/Variable Rate	%
j. Other: (please describe)	%

15. Do you have a disclosure process for yield spread premium? Yes No N/A

If "Yes", please explain:

16. Does the Applicant have written quality control/compliance procedures in place for:
- a. Truth in Lending Yes No
 - b. Equal Credit Opportunity Act Yes No
 - c. Real Estate Settlement Procedures Act Yes No
 - d. Telephone Consumer Protection Act Yes No
 - e. Fair Credit Reporting Act Yes No
 - f. Fair Debt Collection Practices Act Yes No
17. Do you conduct compliance audits? Internally Externally Both None
18. Does the Applicant have a fidelity bond? Yes No
If "Yes", please provide the Carrier Name and Effective Date:

19. Has the Applicant ever been terminated by a lender/investor? Yes No
If "Yes", please provide the name of lender/investor, date of termination and reason:

20. Has the Applicant's license ever been suspended, placed on probation, revoked or restricted in any way? Yes No
If "Yes", please explain:

21. 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 explain:

22. Do you set up separate and unique accounts with strong passwords for each employee? Yes No
23. Do you restrict the user rights on computer systems such that individuals (including third party service providers) have access only to those areas of the network or information that is necessary for them to perform their duties? Yes No
24. Do you have secure email practices (ie., automatically scan and filter emails)? Yes No
25. Have you installed or activated anti-virus software active on all computers and networks? Yes No
26. Please describe how you back up critical data and systems?
- a. Full Back-ups? Yes No
If "Yes", how often? _____
 - b. Incremented Back-ups? Yes No
If "Yes", how often? _____

V. DECLARATIONS AND NOTICE

The undersigned, acting on behalf of the **Applicants**, represents that the statements set forth in this Questionnaire are true and correct and that thorough efforts were made to obtain requested information from all of **You** to facilitate the proper and accurate completion of this Questionnaire.

The undersigned agree that the information provided in this Questionnaire and any material submitted herewith are the representations of all of **You** and that they are material and are the basis for issuance of the insurance **Policy** provided by **Us**. The undersigned further agree that the Questionnaire and any material submitted herewith shall be considered attached to and a part of the **Policy**. Any material submitted with the Questionnaire shall be maintained on file (either electronically or paper) with **Us**.

It is further agreed that:

- If any of **You** discover or become aware of any material change which would render the Questionnaire inaccurate or incomplete between the date of this Questionnaire and the **Policy** inception date, notice of such change will be reported in writing to **Us** as soon as practicable.
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This Questionnaire must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

Date

Signature

Title

(mm/dd/yyyy)

(Chief Executive Officer, President, Financial Officer, Managing Partner or Owner)

A POLICY CANNOT BE ISSUED UNLESS THE "QUESTIONNAIRE" IS PROPERLY SIGNED AND DATED.
Please submit this "Questionnaire" including appropriate documentation to your agent.