

## Collateral Protection Program Application

**Applicant's Name and Address:**

---



---



---



---

1. How long has applicant been in business? \_\_\_\_\_
2. List all states applicant has loans in: \_\_\_\_\_
3. Previous insurance carrier: \_\_\_\_\_
4. Date, type and amount of all losses—last 3 years, whether covered by insurance or not:

Date	Type of Loss	Amount

5. Coverages requested:

- Dual Interest  
  Single Interest  
  Real Estate Owned  
  Liability

6. Complete the following limits profile—use outstanding principal balance (show number of loans):

Amount	Commercial		Residential	
	Occupied	Vacant	Occupied	Vacant
\$ 0– 50,000				
50,001–100,000				
100,001–150,000				
150,001–200,000				
200,001–250,000				
250,001–300,000				
300,001–400,000				
400,001–500,000				
500,001–750,000				
750,001–999,999				
1,000,000 and over				

7. How often does the lending institution inspect vacant or real estate-owned property? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. On the applicant's present or expiring policy what are the:  
 Rates: \_\_\_\_\_  
 Deductibles: \_\_\_\_\_ Perils: \_\_\_\_\_
9. How many loans were foreclosed? This year: \_\_\_\_\_ Last year: \_\_\_\_\_
10. What procedures are used to secure and protect vacant property? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. What procedures are used to secure and protect the property immediately after foreclosure? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
12. Average time units are on the policy (i.e., turnover time): \_\_\_\_\_
13. Suggested rates/perils/deductibles: \_\_\_\_\_  
 \_\_\_\_\_

**APPLICABLE IN THE STATE OF NEW YORK:**

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING:**

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.

APPLICANT'S SIGNATURE: \_\_\_\_\_

AGENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_