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Applicant Name:	
Address:	Telephone:
City: Zip Code	o· I Fmail·
than 5 years, attach resumes of principals) Number of: Locations:	2.) Are Mortgage Broker services provided? Are Mortgage Banker services provided? List States in which services are provided:
Prof. employees: Total Employees: Independent Contractors:	Do these states require licenses? ☐ Yes ☐ No Are all licenses in force? ☐ Yes ☐ No
Do you require IC's to carry their own E&O?	Does Applicant perform any appraisals?
services:	If Yes, please explain: ☐ Yes ☐ No
3.) Revenues from services covered under this	4.) Does Applicant use contracts with clients? ☐ Yes ☐ No
policy (use projections if a start-up):	What percentage of the time?%
Next Year (projected): \$	Are contracts reviewed by counsel? ☐ Yes ☐ No
Current Year: \$	Do contracts specify services & fees? ☐ Yes ☐ No
Last Year: \$	Do contracts contain indemnification and
5.) List loan activity during last 12 months (if start-up	hold harmless clauses in Applicant's favor? ☐ Yes ☐ No
provide projections): Type: Number of Loans: Dollar Amount:	6.) What percentage of loans are:
	Originated% Refinances%
T	Underwritten% 2nd Mortgages% Serviced % Sub-Prime %
Construction \$ Other; \$	
Evoluin:	Other;% Re-purchased% Explain:%
7.) Average Loan Value: \$	8.) If Sub-Prime loans are provided:
Maximum Loan Value: \$	Please provide the percentages of the types of paper the sub-prime is written on:
Largest Loan Made: \$	A%, B%, C%, D%
	What is the average FICO score of all Sub-Prime loans originated?
9.) What percent of originated loans are reviewed?	10.) Does Applicant have any: Procedures: Violations:
%	Truth in Lending
Are audits performed by Applicant? ☐ Yes ☐ No	
Are audits performed by an outside firm?	Equal Credit Opportunity ☐ Yes ☐ No ☐ Yes ☐ No
☐ Yes ☐ No	Good Faith ☐ Yes ☐ No ☐ Yes ☐ No
11.) Is current professional liability coverage in	(Explain any violations in detail as an attachment.)
place? ☐ Yes ☐ No	12.) Does Applicant:
Current Carrier:	Originate loans with recourse agreements? ☐ Yes ☐ No
Limits:	Have authority to approve loans on the lender's or
Retention: Premium:	investor's behalf? ☐ Yes ☐ No Have a warehouse line of credit? ☐ Yes ☐ No
Retro Date:	If yes, list amount & with whom:
Notio Bate.	\$
13.) Have any of the Applicant's owners, principals, directors, officers or employees:	NOTICE TO APPLICANT, PLEASE READ CAREFULLY: Warranty: The undersigned warrants that the information contained herein is true as of the
Ever been the subject of an investigation,	date this application is executed and understands that it shall be the basis of the policy of
disciplinary or criminal action as a result of their	insurance and deemed incorporated herein if the Insurers accept this application by
Professional activities?**	issuance of a policy. It is understood and agreed that this warranty constitutes a continuing
Ever had claims made against them?* ☐ Yes ☐ No	obligation to report to the Insurers, as soon as possible, any material change in the
Obtained any knowledge or information of any act,	circumstances of the Applicant's business including, but not limited to the size of the firm, the area of business engaged in by the firm and the information contained on each
error or omission which might reasonably give rise	Supplemental Application submitted by the Applicant.
to a claim against any potential insured or its	Any person who knowingly and with intent to defraud any insurance company or any other
predecessors in business?* ☐ Yes ☐ No	person files an application for insurance containing any materially false information or
If Yes, **explain as an attachment; *fill out	conceals for the purpose of misleading, the information concerning any fact material
Supplemental Claims Form.	thereto commits a fraudulent insurance act, which is a crime.
It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors &	
Omissions Insurance.	
	Date:
Name and Title (Please Print):	
Name and Title (Please Print):	