

APPLICATION

ABILITY TO REPAY (NON-QUALIFIED MORTGAGE)

LEGAL EXPENSE INSURANCE

NOTICE: THE CERTIFICATE FOR WHICH THIS APPLICATION IS MADE (THE "CERTIFICATE"), SUBJECT TO ITS TERMS, APPLIES ONLY TO ANY **ABILITY TO REPAY CLAIMS** (AS SET FORTH IN THE CERTIFICATE) FIRST MADE AGAINST THE **INSURED** (AS DEFINED IN THE CERTIFICATE) AND REPORTED TO THE UNDERWRITERS WITHIN THIRTY-SIX (36) MONTHS FROM THE CLOSING DATE ON WHICH THE **NON-QUALIFIED MORTGAGE LOAN** (WHICH IS THE SUBJECT OF SUCH **ABILITY TO REPAY CLAIM**) WAS MADE BY THE **INSURED** TO THE **BORROWER**; PROVIDED, HOWEVER, THAT SUCH **NON-QUALIFIED MORTGAGE LOAN** WAS EXECUTED BY THE **BORROWER** WITHIN THE CERTIFICATE PERIOD.

<p>APPLICANT INFORMATION</p> <p>COMPANY NAME</p> <hr/> <p>ALL PREVIOUS COMPANY NAME(S) – (IF APPLICABLE)</p> <hr/> <p>STREET ADDRESS</p> <hr/> <p>CITY, (COUNTY OR PARISH), STATE, ZIP</p> <hr/> <p>MAILING ADDRESS (IF DIFFERENT)</p> <hr/> <p>E-MAIL ADDRESS</p> <hr/> <p>WEB-SITE ADDRESS</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">PHONE</td> <td style="border: none; width: 50%;">FAX</td> </tr> <tr> <td style="border: none; width: 50%;">CONTACT PERSON</td> <td style="border: none; width: 50%;">TITLE</td> </tr> <tr> <td style="border: none; width: 50%;">STATE OF INCORPORATION OR CHARTER</td> <td style="border: none; width: 50%;">DATE OF INCORPORATION</td> </tr> </table>	PHONE	FAX	CONTACT PERSON	TITLE	STATE OF INCORPORATION OR CHARTER	DATE OF INCORPORATION	<p>3 HAVE ANY SUITS, DEMANDS FOR ARBITRATION OR ADMINISTRATIVE OR REGULATORY ACTIONS BEEN FILED AGAINST THE APPLICANT COMPANY(IES) OR THEIR PREDECESSORS, OR ANY OF ITS PRESENT OR PAST DIRECTORS, OFFICERS, OR EMPLOYEES?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p> <p>IF "YES", PLEASE ATTACH CLAIMS HISTORY SHOWING NUMBER OF CLAIMS AND AMOUNT INCLUDING DEFENSE COSTS</p> <p>4 HAS THE COMPANY ANY KNOWLEDGE OR INFORMATION, AFTER FULL INQUIRY, OF ANY FACTS, CIRCUMSTANCES, OR EVENTS WHICH COULD GIVE RISE TO A LOSS (OR CLAIM BEING MADE AGAINST THEM)?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p> <p>IF "YES", PLEASE PROVIDE FULL DETAILS ON A SEPARATE PAGE AND ATTACH IT TO THIS APPLICATION.</p> <p>5 HAS ANY PRINCIPAL, DIRECTOR, OFFICER OR EMPLOYEE HAD A PROFESSIONAL LICENSE SUSPENDED OR REVOKED?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p> <p>IF "YES", PLEASE PROVIDE FULL DETAILS ON A SEPARATE PAGE AND ATTACH IT TO THIS APPLICATION.</p> <p>6 DURING THE PAST FIVE YEARS, 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, CRITICISM, OR FILED COMPLAINT BY THE FHA, VA, PMI CARRIER, ANY INVESTOR, AUTHORITY, OR GOVERNMENTAL AGENCY?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p> <p>IF "YES", PLEASE PROVIDE FULL DETAILS ON A SEPARATE PAGE AND ATTACH IT TO THIS APPLICATION.</p> <p>7 CURRENT PROFESSIONAL SERVICES LIABILITY INSURANCE:</p> <p>INSURANCE COMPANY _____</p> <p>LIMIT \$ _____ DEDUCTIBLE \$ _____</p> <p>PREMIUM \$ _____ EXPIRATION DATE _____</p> <p>8 CURRENT FIDELITY BOND INSURANCE:</p> <p>INSURANCE COMPANY _____</p> <p>LIMIT \$ _____ DEDUCTIBLE \$ _____</p> <p>PREMIUM \$ _____ EXPIRATION DATE _____</p>																		
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<p>APPLICATION QUESTIONS (1-8)</p> <p>1 LOAN ORIGINATION FOR THE MOST RECENT TWELVE (12) MONTHS ENDING:</p> <p style="text-align: center;"> _____ / _____ / _____ </p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">NUMBER</th> <th style="width: 20%; text-align: center;">VOLUME</th> </tr> </thead> <tbody> <tr> <td>QUALIFIED MORTGAGES (QM)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>NON-QUALIFIED MORTGAGES (NON-QM)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>TOTAL</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p>2 PROJECTED LOAN ORIGINATION FOR THE NEXT 12 (TWELVE) MONTHS:</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">NUMBER</th> <th style="width: 20%; text-align: center;">VOLUME</th> </tr> </thead> <tbody> <tr> <td>QUALIFIED MORTGAGES (QM)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>NON-QUALIFIED MORTGAGES (NON-QM)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td>TOTAL</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table>		NUMBER	VOLUME	QUALIFIED MORTGAGES (QM)	_____	\$ _____	NON-QUALIFIED MORTGAGES (NON-QM)	_____	\$ _____	TOTAL	_____	\$ _____		NUMBER	VOLUME	QUALIFIED MORTGAGES (QM)	_____	\$ _____	NON-QUALIFIED MORTGAGES (NON-QM)	_____	\$ _____	TOTAL	_____	\$ _____	
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NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION AGAINST WHICH COVERAGE WOULD BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN BY ANY COMPANY OR ANY OF ITS PRESENT OR PAST DIRECTORS, OFFICERS OR ANY EMPLOYEES UNDER THIS PROPOSED INSURANCE OTHER THAN THAT WHICH IS DISCLOSED IN THIS APPLICATION.

IT IS AGREED BY ALL CONCERNED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE, OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THIS PROPOSED INSURANCE.

THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT WARRANTS AFTER INQUIRY THAT TO THE BEST OF HIS KNOWLEDGE THE STATEMENTS SET FORTH IN THIS APPLICATION, AND THE MATERIALS SUBMITTED THEREWITH ARE TRUE, AND IT IS AGREED THAT THE APPLICATION FORM AND ALL MATERIALS SUBMITTED WITH THE APPLICATION FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A CERTIFICATE BE ISSUED AND THE APPLICATION FORM INCLUDING ALL ATTACHMENTS WILL BE ATTACHED TO AND MADE PART OF THE CERTIFICATE.

SIGNING OF THIS APPLICATION FORM DOES NOT BIND THE APPLICANT NOR THE INSURER TO COMPLETE THE INSURANCE.

IT IS AGREED THAT IN THE EVENT THERE IS ANY MATERIAL CHANGE IN THE ANSWERS TO THE QUESTIONS HEREIN PRIOR TO THE EFFECTIVE DATE OF THE CERTIFICATE, THE APPLICANT WILL NOTIFY THE UNDERWRITERS AND ANY OUTSTANDING QUOTATION MAY BE MODIFIED OR WITHDRAWN. IN ADDITION, NO INFORMATION PROVIDED BY THIS APPLICATION OR ALONG WITH THIS APPLICATION SHALL BE DEEMED TO REPORT A CLAIM. SUCH NOTICE SHOULD BE MADE AS INSTRUCTED BY THE CERTIFICATE.

SIGNATURE

TITLE

(MUST BE SIGNED BY CHAIRMAN OF THE BOARD OR PRESIDENT)

APPLICANT COMPANY NAME

MONTH, DAY & YEAR SIGNED