



Bridge60® Application Form

If you have any other questions please contact us at: (866) 248-2527
or

Fax this form back to our corporate office for immediate coverage activation:
FAX: (248) 269-5735

Client #:	Vendor #:	Application Date:
Name of Institution:		
Address:	Sales Rep:	Segment:
City, State, Zip code:	CSR:	
Contact Name and Title:	Processing Fee:	
Email:		
Phone:	Fax:	

Portfolio Information

Please provide listing with insured value and property addresses of loans in portfolio:		Do you have loans that the borrower does not have sufficient limits?	Yes	No
Count of loans by state: (Must be Attached)		Do you have contents only loans?	Yes	No
Do you provide lending in coastal states? - If yes, please provide a listing of properties that includes property address and value	Yes	No	Loan Type: (Lender-placed, REO or both)	
Number of Residential:		Number of Commercial:		
Current Insurance tracking device:		Percentage of your business renting &/or refurbishing properties?	%	
Name of current insurance provider:		Are you servicing loans on behalf of others?	Yes	No
Number of properties to be placed at inception:		If yes, what percentage of the investor's business is renting &/or refurbishing properties?	%	
Indicate percentage of portfolio on which you hold a mortgagee interest:	%			
Percentage of portfolio owned as fee simple:	%	Are you a seller / servicer of Fannie Mae or Freddie Mac loans?	Yes	No

Deductible Options

	(Circle one)	
Preferred Deductible:	\$1000 \$750	A 5% surcharge must be added to listed rates if \$750 deductible is chosen.
Coverage Start Date:	/ / 2008	Note: Your expiration date will match that of your Mortgage Guard, if applicable

Optional Endorsements

CIRCLE ONE			
Concurrent Coverage – Addtl. Rate: \$0.05/\$100:		Yes or No	
Reporting Method:		Internet or Inforcer	
Internal Use Only:	Internet →	Login:	Password:
	Inforcer: →	Login:	Password:
Comments:	Carrier: Agent: Filer: PFI:		Commission:
Where should materials be sent to: Agent:		Direct:	
Billing Mode: AIA			
Requested by:		New Policy #:	

STATEMENT: Any person who knowingly and with intent to defraud any insurance company or another person, who 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 the person to criminal and civil penalties. This application becomes a part of the insurance policy if bound. I have read and fully understand the above information, as well as answered the questions to the best of my knowledge.

Authorized Signature

Date

* Optional Coverage available upon Underwriter approval

** This is not a Binder. Coverage will not be considered bound unless written confirmation is provided by Proctor Financial, Inc.