



1. Name of Applicant _____

2. Please list the breakdown of revenue by state. (Attach a separate sheet if necessary.)

State	% of Revenue	State	% of Revenue
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %

3. What is the total amount of mortgages handled in the past year? \$ _____

	Residential	Commercial
Total Dollar Amount of Principal	_____	_____
Number of Mortgages	_____	_____
Percentage New Construction	_____	_____
Maximum Value of Any One Mortgage	_____	_____
Average Loan Value	_____	_____

4. Please list the percentage of mortgage service activities.

Loan Underwriting _____ % Loan Servicing _____ % Loan Origination _____ %

5. What percentage of loans are:

a.

Sub-Prime	2 nd Prior Year	Prior Year	Current Year
B	_____ %	_____ %	_____ %
C	_____ %	_____ %	_____ %
D	_____ %	_____ %	_____ %

b. No documentation _____ % Refinances _____ % Yield Spread _____ %
 Foreclosed _____ % 2nd Mortgages _____ % Reverse Mortgages _____ %
 Adjustable Rate Mortgages _____ %

6. List the five largest financial institutions applicant originates loans for. **Total for Each**

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

7. Does the applicant have a repurchase agreement with the financial institutions it originates loans with? Yes No

Number of loans repurchased:

2 nd Prior Year	Prior Year	Current Year
_____	_____	_____

8. Does the applicant have any discretionary authority to make any loans? Yes No
 If yes, what is the limit? \$ _____
9. Does the applicant lend their own funds? Yes No
10. Does the applicant have warehousing lines of credit? Yes No
 If yes, what is the amount of credit of the applicant? \$ _____
11. a. Are loans closed without advanced commitment to purchase the loan? Yes No
 b. Average length of time the applicant is in possession of the loan. _____
 c. Maximum length of time the applicant is in possession of the loan. _____

2 nd Prior Year	Prior Year	Current Year
%	%	%

12. What is the default rate of loans made: _____
13. Please list professional associations/affiliations. _____

14. Please list the federal sponsored agencies the applicant has relationships with. _____

15. Has the applicant ever been reprimanded, disciplined or fined by any government agency, regulatory entity, investor group, warehouse wholesaler/banker, or the Department of Housing and Urban Development (HUD)? Yes No
16. Does the applicant have control procedures, including procedures in place to ensure the applicant is staying in compliance with regulatory agencies and frequency of audits (both internal and external). Yes No
17. Does the applicant use industry standard forms and contracts? Yes No
18. Do any of your employees or employees of a related entity perform appraisals? Yes No
19. Does the applicant sub-contract real estate appraisals? Yes No
 If yes, is professional E&O insurance required? Yes No

The undersigned, being authorized by acting on behalf of the Applicant, warrants that to the best of his/her knowledge, and making inquiry of other firm members, the above statements are true and agrees that this Questionnaire shall be the basis of coverage and considered part of any policy issued by the Company.

"THIS SUPPLEMENTAL APPLICATION IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE IN THE GENERAL APPLICATION ORIGINALLY SUBMITTED TO OBTAIN PROFESSIONAL LIABILITY INSURANCE."

 Date

Signed by _____
 Title Owner President Chief Executive Officer



**TUDOR
INSURANCE COMPANY**
A Member Company of the
Western World Insurance Group

**APPLICATION
ERRORS AND OMISSIONS LIABILITY**

NOTICE: This application is for a CLAIMS MADE POLICY. Except as may be otherwise provided herein, this coverage is limited to liability for only those claims which are first made against the insured and reported to the Company during the policy period.

1. Name of Firm _____
 Street Address _____
 City _____ State _____ Zip _____
 Website Address _____

2. Date Established _____

3. Is applicant firm a Corporation LLC Partnership Sole Proprietorship

4. Is the firm owned by, associated with or controlled by any other business? Yes No
 If Yes, give details. _____

5. Describe in detail the nature of the professional or business activities for which insurance is desired.

6. How long have you been engaged in your current occupation or business? _____ Years

7. Are you engaged in any other profession or business? Yes No
 If Yes, explain. _____

8. Provide the number of your staff.
 Partners or Officers _____ Professional/Technical Personnel _____ Support _____

9. List the qualifications of professional staff. If in business five years or less, attach resumes.

10. List membership in professional and/or trade organizations.

11. a. Gross Revenue estimated for next year. Indicate year in spaces provided. _____ \$ _____
 Current Year _____ \$ _____ Previous Year _____ \$ _____

b. Total gross annual payroll: \$ _____

12. Are any changes in the nature or size of the applicant's business anticipated over the next 24 months? Yes No

If Yes, explain. _____

13. Does the applicant use independent contractors? Yes No

If Yes, state how many and explain what types of services and what percent of your total receipts are subcontracted.

Is evidence of professional liability insurance required from independent contractors? Yes No

What is the limit required? _____

14. Does your firm use a written contract or agreement describing the services to be provided? Yes No

15. Have your contracts and procedures been reviewed by a law firm? Yes No

16. Does your firm assume liability for others under contracts utilized? Yes No

17. List your three largest clients during the past year and indicate services performed and approximate revenue from each.

Name	Services	Revenues
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Provide details of General Liability Insurance in force.

Company	Limit	Deductible	Policy Term
_____	_____	_____	_____

Does the policy detailed above include coverage for Products/Completed Operations Hazard? Yes No

19. Please provide details of Errors and Omissions insurance carried during the last three years.

Company	Limit	Deductible	Premium	Policy Term
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is your expiring policy a CLAIMS MADE POLICY? Yes No

If Yes, advise Retroactive Date. _____

20. Give an example of a claim that you intend to have insured under this policy.

21. Has any application for Errors & Omissions or similar insurance made on behalf of you and your firm, or present partners, owners, officers or employees ever been declined, or has any such insurance ever been canceled or refused renewal? Yes No

If Yes, give details below or attach an information sheet.

22. Have any claims, suits or proceedings been made during the past five years against any of you or your firm, your predecessors in business or against any present partners, owners, officers or employees? Yes No

If Yes, give details below or attach an information sheet.

23. Are any of you aware of any alleged act, circumstance, situation, error or omission which may result in a claim being made against you or any of the persons or firm described? Yes No

If Yes, give details below or attach an information sheet.

24. Limit of Liability requested _____ Deductible _____

25. Please include with this application the following items:
- A. Current brochure or similar item describing activities or services.
 - B. Most recent financial statement or annual report.
 - C. Copies of standard contracts for professional or business activities.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

I/WE HEREBY DECLARE that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this application shall be the sole basis of any subsequent contract or insurance with the company. Signature of the application does not bind the Firm or Company to complete the insurance.

Application must be signed and dated by principal, partner, officer or director of the firm.

DateSignature of ApplicantTitle

PLEASE NOTE: COMPLETION AND SUBMISSION OF THIS APPLICATION IS FOR THE PURPOSE OF SECURING A PREMIUM QUOTATION ONLY. NO COVERAGE WILL BE EFFECTED UNTIL RECEIPT OF WRITTEN INSTRUCTIONS AND PREMIUM PAYMENT. ANY SUBSEQUENT CONTRACT ISSUED WILL BE IN FULL RELIANCE UPON THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION AND THIS APPLICATION WILL BE MADE A PART OF THE POLICY. A SIGNED APPLICATION DATED NOT MORE THAN 45 DAYS PRIOR TO THE INCEPTION DATE WILL BE REQUIRED IN THE EVENT COVERAGE IS EFFECTED.