

Financial Institution / Force Placed Application

APPLICANT INFORMATION

Applicant: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____ Email: _____

Contact: _____ Proposed Effective Date: _____

1. Portfolio Information

Residential Mortgage	#	\$	Largest \$
Commercial Mortgage	#	\$	Largest \$
Mobile Home	#	\$	Largest \$
Second Mortgage	#	\$	Largest \$
Home Equity Lines of Credit	#	\$	Largest \$
Builders Risk / Construction	#	\$	Largest \$
Commercial REO	#	\$	Largest \$
Residential REO	#	\$	Largest \$

2. Distribution by State

In force Loans In force Insurance

\$ % #

Alabama:	Indiana:	Nebraska:	South Carolina:
Alaska:	Iowa:	Nevada:	South Dakota:
Arizona:	Kansas:	New Hampshire:	Tennessee:
Arkansas:	Kentucky:	New Jersey:	Texas:
California:	Louisiana:	New Mexico:	Utah:
Colorado:	Maine:	New York:	Vermont:
Connecticut:	Maryland:	North Carolina:	Virginia:
Delaware:	Massachusetts:	North Dakota:	Washington:
Florida:	Michigan:	Ohio:	West Virginia:
Georgia:	Minnesota:	Oklahoma:	Wisconsin:
Hawaii:	Mississippi:	Oregon:	Wyoming:
Idaho:	Missouri:	Pennsylvania:	D.C.:
Illinois:	Montana:	Rhode Island:	Other:

3. Requested Coverage (check desired coverage)

*certain coverage may not be available in all jurisdictions

Force Place	Real Estate Owned	Commercial - Broad	Demolition Expense
Second Mortgage	Builders Risk	Subsidence	Mobile Homes
Home Equity	Theft of Property	Earthquake – CA	Ordinance or Law
Pollution Extraction	Condominium	Earthquake – Other	Mortgage Legal
Coinsurance deleted	REO Contents	Automatic	Short Rate Return
ACV – Roofs	ACV Commercial	Vandalism Exclusion	Vandalism Sub-Limit
Blanket 1 st Mortgage	Blanket 2 nd Mortgage	Blanket Home Equity	Blanket Condominium
Blanket Vandalism	Blanket Theft	Freeze Leakage MPI	Freeze Leakage REO
Other:			

4. Deductibles Requested

Residential:	Fire	\$	Wind/Hail	\$	Vandalism	\$
Comm Occupied:	Fire	\$	Wind/Hail	\$	Vandalism	\$
Comm Vacant:	Fire	\$	Wind/Hail	\$	Vandalism	\$
Other:						

5. Limits Requested

Residential	\$	Mobile Homes	\$	Blanket Mortgage	\$
Commercial	\$	Earthquake	\$	Blanket Second	\$

6. Operations / Risk Management

Foreclosures (last 12 months):	Inspections (Y/N) and Frequency:
Utilize Property Managers (Y/N):	Is wind pool coverage maintained (Y/N):
Number of indirect loans:	Number of loans serviced for others:
Unusual Risks:	
Coastal Wind Exposures:	

7. Historical Premium & Loss Information

Prior Carrier:	Prior Coverage:
Prior Rate:	Prior Deductibles:
Annual Premium (last 3 years):	
Annual Loss Incurred (last 3 years):	
Was prior coverage cancelled/non-renewed (Y/N), if so describe:	

8. Compliance Program

Please describe your procedures to ensure compliance with consumer notice and other legal requirements for this type of insurance:

9. Comments

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED. THE SIGNER WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE. IF THE UNDERSIGNED LEARNS OF ANY MATERIAL CHANGE IN THE INFORMATION, YOU MUST PROVIDE IT TO THE UNDERWRITERS.

Name (type or print)

Signature

Date

NOTICE TO PRODUCERS: THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

Name (type or print)

Signature

Date

License #

FRAUD WARNINGS

GENERAL: 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. **(Applicable in all states other than those listed below. If you are located in one of these states, please take time to review the appropriate warning prior to submitting your application).**

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ARIZONA: For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

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.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application, or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

PENNSYLVANIA: 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 act, which is a crime and subjects such person to criminal and civil penalties.

RHODE ISLAND: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

VIRGINIA: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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