

207A SW Jefferson St Lee's Summit, MO 64063 Main: 816-554-7070 Fax: 816-554-7077

Bryan (at) progroupins.com

## **Mortgage Brokers E&O Application**

Company Legal Name:		
DBA:		
Street:	C	ontact Name:
City:		Phone:
State:	Email:	
Zip:		Website:
Type of Company: Corp. LLC LLP	Sole Prop. Other:	Date Est:
	Joie Frop Other.	54te 25ti
Please list all states in which you operate:		
How many years of industry experience does the owr	ner/principal have?	
1. Mortgage Services (All Mortgage Services Percenta	gae Must Eaual 100%)	
Percentage of Residential Mortgages?%	Average Size?	Maximum Value?
Percentage of Commercial Mortgages?%	Average Size?	Maximum Value?
		Maximum Value?
• • • • • • • • • • • • • • • • • • • •	Average Size?	
Please describe "Other" types of Mortgages:		
2. List the percentage of mortgage activities from lo	ans: (Must total 100%)	
Origination	%	
Underwriting	%	
Servicing	%	
Warehousing	%	
Other (Please describe below)	%	
other (Freuse describe below)		
3. Does the applicant lend their own funds?		☐ Yes ☐ No
If yes, does the applicant hold funded loans for n	nore than siv months	☐ Yes ☐ No
if yes, does the applicant hold funded loans for h	nore than six months	
4. Done the applicant provide loop electing consises?		□ Vos □ No
4. Does the applicant provide loan closing services?		∐ Yes ☐ No
5. What percentage of the applicant's gross annual	revenue comes from the	following activities:
Conventional Fixed Rates	%	
FHA/VA Loans	%	
Refinances	%	
Loan Modification Services	%	
Low/No Document Loans	%	
Reverse Mortgages	%	
Subprime Loans	%	
Yield Spread Premium	%	
Adjustable Rate/Variable Rate	%	
Other (Please describe below)	%	
· · ·		

Has the applicant or any predecessor in b	usiness or any of th	ne past or prese	nt partners.		
officers, directors or employees been	-	-	-	□vaa	□ N-
disciplinary action, or a filed complaint	t by the FHA, VA,	PMI carrier, an	y investor,	Yes	∐ No
authority or governmental agency?					
If yes, please provide details:					
Indicate the Applicant's gross revenues for	rom all activities:				
· · · -		Total Revenue Total Projected Revenue			
Professional Services				2 Months	
	ς ς		\$		
	~ · ·				
	\$		\$		_
	\$		\$		_
	\$		\$		
	\$		\$		
					_
Do you use written contracts with your c	lients?	Always [	Sometimes	Never	☐ N/A
If you use contracts, does the contract co	ontain:				
				□No	□ N/A
a. A detailed description of your servi	ces to be provided	?			
a. A detailed description of your servi	-		<u> </u>		N/∆
<ul><li>a. A detailed description of your serving</li><li>b. A hold harmless agreement and/or</li></ul>	-		r?	☐ No	
a. A detailed description of your servi	Limitation of Liabi	lity in your favo	r?	☐ No☐ No☐ Yes	
<ul> <li>a. A detailed description of your services.</li> <li>b. A hold harmless agreement and/or c. Industry standard forms?</li> <li>b. Have any claims been made during the lifyes, we will need loss runs from each continuous process.</li> </ul>	Limitation of Liabi  past five (5) years a  arrier in last 5 years	lity in your favor against your firm s. (We can help o	Yes Yes  Yes  Pobtain this inform  The sent act, error or	☐ No☐ No☐ Yes	□ N/A
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Date: \_\_\_\_/\_\_\_

Signed: \_