

InvestorSelect™ Program Application



Section 1. Contact information

WNC Rep: _____ Date: _____
Producer / Agency: _____ Contact: _____
Name of the Lending Institution: _____ Phone: _____
_____ Fax: _____
Physical Address: _____ City: _____
_____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
County: _____
Administrative Contact: _____ Executive Contact: _____
Title: _____ Title: _____

Section 2. Property Portfolio Information

Please attach a spreadsheet of current properties. Spreadsheet must include Property Address, Coverage Amount, and Property Type i.e., Residential, Mobile Home, or Commercial. For Commercial properties, please specify occupancy type i.e., apartment (greater than 4 units), shopping center, office.

Are any of the properties greater than four units? Yes No

Section 3. Select Your Program Options

A. Hazard Maximum Per Property Limit: \$1,000,000 \$2,500,000 \$5,000,000

B. Flood: SFHA only All locations

Options: \$25,000 per location Up to NFIP limits \$250,000 Residential and \$500,000 Commercial

C. Earthquake: (Excludes Earth movements in the states of California and Alaska.)

Options: \$25,000 per location \$1,000,000 per location

Rates available upon request.

D. Liability – Please mark if you would like liability coverage included.

\$100,000 per occurrence / \$300,000 Annual Aggregate \$250,000 per occurrence / \$500,000 Annual Aggregate

\$500,000 per occurrence / \$1,000,000 Annual Aggregate \$1,000,000 per occurrence / \$1,000,000 Annual Aggregate

\$1,000,000 per occurrence / \$2,000,000 Annual Aggregate

E. Contractors Liability (Available only if General Liability Limits also applies)

\$50,000 per location \$100,000 per location

F. Carrier Requirement Admitted Only Lloyd's or Surplus Lines is acceptable

G. Property Deductible Options.

Select which options you would like included in your InvestorSelect™ proposal. Once deductible is selected, it will apply to your entire program. Deductibles are not selected on a per property basis.

\$1,000 \$2,500 \$5,000 \$10,000 \$25,000 \$50,000 \$75,000 \$100,000

Contact your WNC representative for additional deductible options.

H. How will coverage amount be determined?

Replacement cost/Appraisal Value Purchase Price Other _____

*If coverage is placed at less than 80% to value a coinsurance or ACV settlement will apply.

I. Sinkhole required? Yes No States Required: _____

Section 4. General Information

A. Have you had insurance declined or cancelled by any carrier in the past 3 years? Yes No

If yes, please provide details: _____

B. Please provide the name of your current carrier, as well as premium and loss information for the past 3 years (or attach a report that contains this information).

Current Carrier: _____ Premium & Losses: _____

C. Please describe the property management procedures in place for the property inspections: i.e., how often are your properties inspected, what are your winterization procedures, windows boarded, etc.? _____

D. Are there any unusual exposures in your portfolio? Yes No

If yes, please provide details: _____

E. Are there any properties in a flood zone? Yes No

If yes, please provide details: _____

F. Estimated closing date of your loan? _____

Disclaimer and Acknowledgement

It is the responsibility of the applicant to read and understand the contents of this application. The applicant declares that all information in this application is true, correct and complete and that to material fact has been suppressed or misstated. The Applicant further understands that incorrect or incomplete statements or information could void the coverage afforded under the "policy" issued from the information contained in this application. The applicant also understands that this application and all information attached thereto becomes a part of their "policy", if issued.

Signature of Applicant/Named Insured

Date

Signature of Agent/Broker

Date

Requested Effective Date

Section 5. Program Mechanics

A. Should billings be broken down by fund or other entity? Yes No

If yes, please provide details: _____

B. Annual premium or Monthly premium?

C. Policy numbers change Monthly or Annually?

D. Automatic renewal? Yes No

If yes, number of days in advance to renew: _____ Report prior to renewal? Yes No

E. What type of reports are required? _____

F. Delivery method:

Billing: E-mail iClient@

Reports: E-mail iClient@

G. iClient® user names, phone numbers and E-mail addresses

H. Company use only:

Service Office: South Pasadena

Dallas

LSR Name: _____