

**APPLICATION  
FOR  
ASSET PROTECTION  
PROGRAM**



**Worldwide Facilities<sup>®</sup>, Inc.**

## APPLICANT INFORMATION

ALL QUESTIONS MUST BE ANSWERED

Applicants Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business (Bank, Credit Union, Mortgage Co., etc): \_\_\_\_\_

Geographic concentrations of all loans: (States that loans reside): \_\_\_\_\_

# of properties that are located in First Tier Counties\*: \_\_\_\_\_

\*FIRST TIER COUNTIES ARE DEFINED AS THOSE COUNTIES LOCATED IN STATES THAT BORDER EITHER THE GULF OF MEXICO OR THE ATLANTIC OCEAN: ALABAMA, FLORIDA, GEORGIA, LOUISIANA, MISSISSIPPI, NORTH CAROLINA, SOUTH CAROLINA OR TEXAS (INCLUDING HARRIS COUNTY, TEXAS)

## REO PROPERTY COVERAGE INFORMATION

(REO PROPERTIES TO BE INSURED)

# of Loans	<u>REO Residential</u>		# of Loans	<u>REO Commercial</u>	
	Values – Vacant	Values - Occupied		Values – Vacant	Values - Occupied
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____

Are there any Vacant Land Loans?  No  Yes # of Loans: \_\_\_\_\_ Values: \$ \_\_\_\_\_

# of REO properties to be insured that are located in First Tier Counties\*: \_\_\_\_\_

## REQUESTED COVERAGE ENDORSEMENTS

### RESIDENTIAL DEDUCTIBLE QUOTE OPTIONS:

(Commercial Deductibles will be higher based on your residential choice below)

\$1,000.00  \$2,500.00  \$5,000.00  \$10,000.00  \$25,000.00

Is Comprehensive General Liability (CGL) coverage requested for REO properties?  No  Yes

### SPECIALIZED COVERAGES TO BE QUOTED

Builders Risk  Freeze  Other: \_\_\_\_\_

## SUPPLEMENTAL QUESTIONS

### Property Management

Do you have written procedures for the inspections of properties prior to & after buying?  No  Yes

Do you take the following measures to ensure the following for all vacant properties? :

Property secured against entry?  No  Yes    All utilities disconnected as needed?  No  Yes

Previous owner's access blocked?  No  Yes    Property protected against freeze?  No  Yes

How often is the property visited by applicant, agent or property management company? \_\_\_\_\_

Is a property management firm utilized?  No  Yes    If yes, name of company: \_\_\_\_\_

How often does the property management firm check the premises? \_\_\_\_\_

Do you have a signed contract with property management firm detailing what is expected?  No  Yes

## APPLICANT WARRANTY

THE APPLICANT (ASSURED) AGREES TO MAINTAIN ACCURATE BOOKS AND RECORDS AND REPORTS FOR THE PURPOSE OF ESTABLISHING THE EFFECTIVE DATE OF COVERAGE FOR ANY PROPERTY TO BE COVERED UNDER THE POLICY APPLIED FOR AND TO PERMIT ACCESS TO SUCH RECORDS BY ANY REPRESENTATIVE OF THE UNDERWRITERS AFFORDING COVERAGE. FURTHER, APPLICANT WARRANTS THAT ALL THE INFORMATION ON THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE; AND APPLICANT UNDERSTANDS THAT IT IS THEIR RESPONSIBILITY TO READ AND COMPREHEND THE CONTENTS OF THIS APPLICATION, AND THAT ANY MATERIAL MISREPRESENTATION OR OMISSION WILL INVALIDATE COVERAGE. NOTE: THIS IS NOT A POLICY OF INSURANCE, THIS APPLICATION FORM IMPARTS NO COVERAGE WHATSOEVER. COVERAGE CAN NOT BE BOUND WITHOUT UNDERWRITER'S RECEIPT AND ACCEPTANCE OF THIS APPLICATION. THIS APPLICATION ATTACHES TO AND FORMS A PART OF ANY SUBCERTIFICATE OR CERTIFICATE OF INSURANCE AT THE TIME OF ISSUANCE.

\_\_\_\_\_  
Applicant's Signature & Title

\_\_\_\_\_  
Date

## INSURANCE AGENT/BROKER INFORMATION

Agency Name: \_\_\_\_\_ Agent/Broker Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_



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