



# MORTGAGE HAZARD APPLICATION

Southeastern Underwriters, Inc.

**Applicant:** \_\_\_\_\_

**Mailing Address City, State, Zip:** \_\_\_\_\_

**Physical Address City, State, Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**1. Portfolio Information** (√ for coverage)

**Number of Loans**

**Outstanding Balance**

**Largest Value**

	<b>Number of Loans</b>	<b>Outstanding Balance</b>	<b>Largest Value</b>
<input type="checkbox"/> Residential First (Escrowed)	#	\$	\$
<input type="checkbox"/> Residential First (Non-Escrowed)	#	\$	\$
<input type="checkbox"/> Commercial First Mortgage	#	\$	\$
<input type="checkbox"/> Mobile Homes	#	\$	\$
<input type="checkbox"/> Second Mortgages	#	\$	\$
<input type="checkbox"/> Home Equity Loans / Lines 1 <sup>st</sup> Position	#	\$	\$
<input type="checkbox"/> Home Equity Loans / Lines 2 <sup>nd</sup> Position	#	\$	\$
<input type="checkbox"/> Builders Risk / Construction	#	\$	\$
<input type="checkbox"/> Other: Property Type	#	\$	\$
<input type="checkbox"/> Real Estate Owned (individual reporting)	#	\$	\$
<input type="checkbox"/> Condominiums	#	\$	\$

**2. Portfolio Characteristics**

Geographic Distribution (states or counties) :

Coastal Wind Exposures (if applicable) :

Do you handle servicing for FNMA or FHLMC:

If yes, please provide number of loans: FNMA \_\_\_\_\_ FHLMC \_\_\_\_\_

Do you transfer loan servicing:

If yes, percentage of new loans made that are transferred:

**3. Historical Experience**

Program Type:  Automated Forced Placed  Manual Forced Placed  Blanket

Insurer:

Experience Period:

Premium:

Losses:

**4. Limits Requested:**

Residential: \$

Commercial: \$

Mobile Home: \$

**5. Deductibles Requested:**

Residential: \$

Commercial: \$

Mobile Home: \$

**6. Payment Method Requested:**

Loans: Annual \_\_\_\_\_ Monthly \_\_\_\_\_

Reo's: Annual \_\_\_\_\_ Monthly \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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