

- DEERFIELD INSURANCE COMPANY
- EVANSTON INSURANCE COMPANY
- ESSEX INSURANCE COMPANY
- MARKEL AMERICAN INSURANCE COMPANY
- MARKEL INSURANCE COMPANY

**SUPPLEMENT FOR MORTGAGE BROKERS**

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of Applicant: \_\_\_\_\_
  
2. For all mortgages handled during the last twelve months, provide the percentage of total services provided:
 

|                           |  |   |
|---------------------------|--|---|
| (a) Origination Only      |  | % |
| (b) Underwritten          |  | % |
| (c) Package and Sold      |  | % |
| (d) Servicing             |  | % |
| (e) Other (specify) _____ |  | % |
  
3. (a) Does the Applicant hold the appropriate licenses in the states which require Mortgage Brokers/Correspondents to be licensed? ..... [  ] Yes [  ] No  
 (b) In which states is the Applicant licensed? \_\_\_\_\_  
 (c) In which states does the Applicant operate where they are not licensed? \_\_\_\_\_
  
4. Does the Applicant hold funds in escrow? ..... [  ] Yes [  ] No  
 If Yes, does the Applicant hold these fund in a fiduciary account? ..... [  ] Yes [  ] No
  
5. Limit for Fidelity Bond: \_\_\_\_\_
  
6. Are appraisals performed by in-house appraisers? ..... [  ] Yes [  ] No  
 If Yes, provide details. \_\_\_\_\_  
 \_\_\_\_\_
  
7. What procedures does the applicant have in place to assure timely and proper disclosure of Good Faith and Truth in Lending Estimates? \_\_\_\_\_  
 \_\_\_\_\_
  
9. Is the Applicant aware of any violation or potential violations of laws in the following areas:
 

|  |                                  |                                 |
|--|----------------------------------|---------------------------------|
| (a) Real Estate Settlement Procedures Act? ..... | [ <input type="checkbox"/> ] Yes | [ <input type="checkbox"/> ] No |
| (b) Truth in Lending? .....                      | [ <input type="checkbox"/> ] Yes | [ <input type="checkbox"/> ] No |
| (c) Equal Credit Opportunity? .....              | [ <input type="checkbox"/> ] Yes | [ <input type="checkbox"/> ] No |
  
10. Does the Applicant receive compensation from yield spread premiums (YSPs)?..... [  ] Yes [  ] No  
 If Yes, answer the following.
 

|  |
|--|
| (a) What percentage of the Applicant's revenue is derived from YSPs? _____%                                  |
| (b) Describe the procedures in place for disclosing the yield spread premium to the borrower. _____<br>_____ |
  
11. (a) Total annual volume of mortgages brokered during the last twelve months: \$ \_\_\_\_\_

(b) Provide the percentage split for each mortgage type.

- |                                |        |                           |        |
|--------------------------------|--------|---------------------------|--------|
| (i) Conventional               | _____% | Government                | _____% |
| (ii) 1 <sup>st</sup> Mortgages | _____% | 2 <sup>nd</sup> Mortgages | _____% |
| (iii) Owner Occupied           | _____% | Non-owner Occupied        | _____% |
| (iv) Purchase                  | _____% | Refinance                 | _____% |
| (v) Conforming                 | _____% | Non-conforming            | _____% |
| (vi) Reverse Mortgages         | _____% | Interest only             | _____% |

(c) Provide the percentage of mortgages brokered that are from each of the following sources.

- |                                    |        |
|------------------------------------|--------|
| Advertising/Direct Mail            | _____% |
| Builders                           | _____% |
| Customer Referrals                 | _____% |
| Financial Planners                 | _____% |
| Prior Customers                    | _____% |
| Realtors                           | _____% |
| Telemarketing                      | _____% |
| Parent Company/Subsidiary Referral | _____% |

If the source of any mortgage is from a parent company or subsidiary, provide details. \_\_\_\_\_

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent within 60 days of the proposed effective date.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date