

LENDERS PERFORMANCE BOND APPLICATION FORM



9515 Deereco Road Suite 1000
Timonium, Maryland 21093
Phone: 410-453-6400 / 800-638-7634 Fax: 410-453-6439
www.matterhornfinancial.com

Institution Name (Obligee): _____

Address: _____

City, State, Zip: _____

Contact Name and Title: _____

Phone: _____ Fax: _____ E-mail: _____

Include interest of: Federal Home Loan Bank of _____
 Other _____

Loan Information

Home Equity Lines of Credit:

- Expected number of open end home equity / second mortgage loans to be originated in the next 12 months: # _____
- Current Number of home equity loans: # _____
Outstanding Balance Total: \$ _____
- Delinquent number and portfolio percentage: # _____ %

Closed End Second Mortgage Loans:

- Expected number of closed end second mortgage loans to be originated in the next 12 months: # _____
- Current Number of home equity loans: # _____
Outstanding Balance Total: \$ _____
- Delinquent number and portfolio percentage: # _____ %

For all Home Equity Lines of Credit and Closed End Second Mortgage Loans:

- Number of foreclosures YTD: # _____ Last Year: # _____
- Dollars charged off YTD \$ _____ Last Year: \$ _____
- What is your maximum debt to income ratio permitted? _____ %
What is your portfolio average debt to income ratio? _____ %
- What is your maximum loan to value ratio permitted? _____ %
What is your portfolio average loan to value ratio? _____ %
- Please attach a copy of your second mortgage underwriting guidelines.
- What amount included in your answer for Question 2 above, Dollars charged off, is related to loss due to physical damage? \$ _____
- How frequently do you perform a review of open lines of credit? _____
- Do you use an external credit bureau to monitor your open credit lines? Yes No

LENDERS PERFORMANCE BOND APPLICATION FORM

Application – Continued From Page 1

Any person who knowingly and with the intent to injure, defraud or deceive any insurance company, files a statement of fact containing any false, incomplete or misleading information is guilty of a felony.

ARKANSAS AND LOUISIANA FRAUD WARNING

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO FRAUD WARNING

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

KENTUCKY FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

MAINE, TENNESSEE AND VIRGINIA FRAUD WARNING

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NEW JERSEY FRAUD WARNING

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD WARNING

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NORTH DAKOTA FRAUD WARNING

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company, files a statement of fact containing any false, incomplete or misleading information may be guilty of a felony.

OHIO FRAUD WARNING

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. The state's citation explicitly notes that the absence of such a warning shall not constitute a defense against prosecution for insurance fraud.

PENNSYLVANIA FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

The present officers, employees, agents and partners of the financial institution have, to the best of the financial institution's knowledge and belief, while in the service of the financial institution, always performed their respective duties honestly. There has never come to its notice or knowledge any information which in the judgment of the financial institution indicated that any of the said officers, employees, agents or partners are dishonest. Such knowledge that any official or officer signing for the financial institution may now have in respect to his or her own personal acts or conduct, unknown to the financial institution, is not imputable to the financial institution.

Dated at _____ this _____ day of _____, 20 _____

Financial Institution By _____
Signature and Title