



FORCE PLACED FLOOD INSURANCE APPLICATION

4408 Arendell Street, Morehead City, NC 28557 T: 877-284-4900

Please attach approximate split of loans by state & provide details of any major concentrations in cities or counties.

APPLICANT Name & Address: _____

LENDER Contact: _____ Phone #: (____) _____ Fax #: (____) _____ Year established: _____
CHARTER: State Federal National
SPECIFY TYPE OF INSTITUTION: _____
(i.e., Federal, Commercial, National Savings, S&L, Credit Unit, Mortgage Company)

LOAN PORTFOLIO INFORMATION
TOTAL NUMBER OF LOANS SERVICED: _____
TOTAL VALUE: _____
APPROXIMATE PERCENTAGE RESIDENTIAL: _____
AVERAGE RESIDENTIAL LOAN VALUE: _____
HIGHEST RESIDENTIAL LOAN VALUE: _____
APPROXIMATE PERCENTAGE COMMERCIAL: _____
AVERAGE COMMERCIAL LOAN VALUE: _____
HIGHEST COMMERCIAL LOAN VALUE: _____
MONTHLY ORIGINATION VOLUME: _____

INSURANCE INFORMATION
ARE LOANS CURRENTLY BEING TRACKED FOR FLOOD INSURANCE? _____ Yes _____ No
If yes, please provide method for tracking. _____

WILL NOTIFICATION/LETTER CYCLE BE PERFORMED BY AmRisc? _____ Yes _____ No
If no, please provide details below. If yes, we require banks sample letters and letterhead to perform service.

ESTIMATED PERCENTAGE OF MOBILE HOME EXPOSURE: _____
ESTIMATED PERCENTAGE OF PROPERTIES IN A SPECIAL FLOOD HAZARD AREA: _____
NAME OF CURRENT DETERMINATION COMPANY: _____
WILL AN AUDIT BE PERFORMED ON EXISTING LOAN PORTFOLIO? _____
IS BLANKET COVERAGE REQUIRED? _____
Blanket coverage only available with an audit)

SYSTEMS DATA
NAME OF LENDER'S COMPUTER AUTOMATION SYSTEM WHICH HANDLES LOAN: _____

BROKER/AGENT
BROKER/AGENT: _____ DATE: _____
BROKER/AGENT ADDRESS: _____
BROKER/AGENT PHONE: _____ FAX: _____

Send application to: submissions@amrisc.com