



MORTGAGE BANKER/BROKER INSURANCE NEEDS

Checklist	Coverage Description
Fidelity Bond	<ul style="list-style-type: none"> - Employee Dishonesty - Check Forgery - Forged Real Estate Documents
Mortgagees E&O	<ul style="list-style-type: none"> - Failure to verify that collateral property is insured for Fire, Flood, Homeowners - Failure to secure FHA/VA/PMI Guarantees
Professional Liability (E&O)	<ul style="list-style-type: none"> - Protects the company from lawsuits brought against the company alleging negligence in the rendering of Professional Services to a third party
Directors & Officers	<ul style="list-style-type: none"> - Protects the Directors & Officers of the company from third party litigation alleging mismanagement of the company
Mortgage Impairment	<ul style="list-style-type: none"> - Protection for impairment of mortgage interest due to uninsured loss to collateral property
Lender/Force Placed	<ul style="list-style-type: none"> - Protection for when the lender cannot verify that the borrower has maintained insurance on the property
Foreclosed Property/REO	<ul style="list-style-type: none"> - Protection for when the lender is required to take possession of a property
GP3 – Global Portfolio Protection Program	<ul style="list-style-type: none"> - Policy that combines Mortgage Impairment, Lender /Force Placed hazard & flood, and Foreclosed Property/REO protection to eliminate potential coverage gaps as well as the need to maintain up to six separate policy forms.
State License Bonds	<ul style="list-style-type: none"> - Surety bonds for compliance with State regulations
Privacy Liability	<ul style="list-style-type: none"> - Protection from when a lender suffers an unauthorized disclosure of their customers personally identifiable non-public information

IMPORTANT NOTICE: The above chart summarizes the coverages of the applicable insurance policies. It is not intended to replace the need to refer to the specific policy form and additional policy endorsements for full details. Ed. 01/12



CONTACT INFORMATION

Contact Person:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.		Title:			
Company to be insured:							
Box/Suite No.:							
Street Address:							
City:				State:		Zip:	
Phone No.:			Fax No.:				
Email Address							

For additional information please contact:

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