



Resource Financial Services, Inc.
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LENDER PLACED COVERAGE REQUEST FORM FOR REAL ESTATE AND VEHICLES

LOAN NUMBER: _____

LENDER NUMBER: _____

BORROWER NAME AND MAILING ADDRESS

LENDER / NAMED INSURED

_____ Requested Effective Date <i>(No more than 30 days in arrears, with no known losses)</i>
\$ _____ Amount of Coverage Requested <i>Cannot exceed master certificate limit without additional underwriting.</i>

_____ Property Address (if different from mailing)
_____ OR Vehicle Description (Year, Make, Model, and VIN)

TYPE OF PROPERTY <small>(Please check one)</small>
<input type="checkbox"/> Residential (1-4 units) <input type="checkbox"/> Commercial (5+ units) <input type="checkbox"/> Mobile Home (secured) <input type="checkbox"/> Mobile Home (unsecured) <input type="checkbox"/> Business Personal Property (Contents Only) <input type="checkbox"/> Condo <input type="checkbox"/> Vehicle

Occupancy status <small>(For Real Estate Only)</small>
<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied <input type="checkbox"/> Vacant <input type="checkbox"/> Under Construction <input type="checkbox"/> REO Property Billing Option <input type="checkbox"/> Monthly <input type="checkbox"/> Annual

COVERAGE REQUESTED <small>(Coverage must be available under Master Cert)</small>
<input type="checkbox"/> Hazard <input type="checkbox"/> Fire <input type="checkbox"/> Collateral Protection (Vehicles Only) <input type="checkbox"/> Other (Please specify)
<input type="checkbox"/> Flood Coverage (enter zone below) SFHA Zone: _____
<input type="checkbox"/> Participating <input type="checkbox"/> Non-Participating

CANCELLATION REQUEST
Cancel the above referenced coverage effective: _____ (Please attach a copy of the replacement policy)
Comments: _____ _____ _____