

FSB HOI Order Form

Please send me a declarations of insurance cert or preliminary quote for the following borrowers.
My contact information is below:

Borrower: _____

Co-Borrower: _____

Loan Number: _____

Property Address: _____

Product Type: _____

Note when sending back:

1) Mortgagee Clause should read:

FLANAGAN STATE BANK ISAOA

333 CHICAGO ROAD, P. O. BOX 302 PAW PAW, IL 61353

2) The loan number above must be EXACTLY as shown.

Please DO NOT substitute words with symbols. If abbreviated, leave abbreviated.

3) Required information on the Dec/Cert – Insurance quote:

- AGENT NAME, ADDRESS, PHONE NUMBER
- DEDUCTIBLE (Cannot exceed \$5,000.00 or 5% of dwelling coverage, whichever is less)
- DEDUCTIBLE (Cannot exceed \$1,000.00 or 1% of dwelling coverage, whichever greater– USDA only)
- DWELLING COVERAGE AT LEAST \$_____ POLICY NUMBER MUST BE ON DECLARATION SHEET
- ANNUAL PREMIUM – must be on binder and send invoice. Must be for 12 months.
- First year premium will be paid:
 - _____ prior to closing
 - _____ at closing and premium will be escrowed
- Effective date _____ good thru _____ (12 months)
- EXACT BORROWER NAME(S) ON POLICY _____
- PROPERTY ADDRESS EXACTLY AS SHOWN ABOVE!
- IF PROPERTY IS A MANUFACTURED HOME, MUST HAVE REPLACEMENT COST COVERAGE!

If you have any questions, please call _____. Please fax declaration page, etc.
to _____ Attn: _____ or email to me at _____@flanaganstatebank.com.

Thank you!