



Optional Insurance Services Form



Insurance Tracking-Automatic Coverage-Discounted Force Placed

Submit one time for each Lender Entity (not needed for each Loan in the Lender Entity)

This program is only for FCI servicing clients, and provides:

- Real-Time Hazard Insurance Tracking (track expirations and cancellations)
- Immediate Blanket Insurance Coverage for program activated loans
- CFPB mandated compliant Borrower Letters to inform of insurance lapse
- Competitively Force/Lender Placed Insurance when necessary
- Program available for most 1st position Residential and Commercial Loans

FCI and insurance vendor OSC have retained industry veteran Ross Diversified Insurance Services to explain the options available to Lenders. Options may vary with your particular business model and Loan types. This optional service for FCI clients from OSC, puts in place important checks, balances and coverage so your properties are appropriately protected. This program allows Lenders to work directly with the Insurance Company separate from any involvement with FCI.

Note to Broker/Originators: This Form can only be signed by the Lender of Record. Please review this with your Lender before Setup.

Note to Lender of Record: The Lender must provide insurance information to OSC as part of the signup process, (FCI does not provide such information to OSC).

Excluded Loans: Condo's, Fractionalized or Participation Loans, Junior Loans, and REOs are not eligible for this program. A separate Discounted Insurance and Force Placed Program IS AVAILABLE for these.

If I/we choose to participate in the Real-Time Hazard Insurance Tracking, Immediate Blanket Insurance Coverage, competitively priced Force/Lender Placed Insurance, and related Preferred Insurance Pricing Options offered by OSC (collectively, "Program") for all qualified 1st Lien Mortgage Loans for our Lender Entity being serviced by FCI currently and in the future ("Loans"), I/we will contact Ross Diversified Insurance Services ("Ross") at (800) 210-7677 or byoung@rossdiv.com to discuss and coordinate enrollment in the Program.

If I/we choose not to participate in the Program, or at any time after enrollment terminate our participation in the Program, I/we hereby agree to release and hold harmless FCI, OSC, and Ross, its employees, agents, affiliates, and officers from any and all claims, demands, damages, actions, causes of action or suits of any kind whatsoever arising out of or in any way relating to any and all injuries and damages of any kind, both to person and property as a result of or in any way relating to **not or no longer participating** in this optional insurance and tracking coverage Program for my/our portfolio.

I/WE HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I/we understand that my/our participation is strictly voluntary and I/we have no obligation to do so. I/we understand the risks of not participating in this optional program.

Lender Account Full Name: _____

Lender Account Number: _____

Authorized Signature:

Date: _____

Print Name: _____

E-mail Address: _____