

Name of Applicant/s:

Broker:

Note: The applicant must reflect the purchaser in the Purchase and Sale Agreement

Applicant Details

Applicant 1

Title	First Name	Last Name		Marital Status
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
M/F	Date of Birth	Social Security No.	No. of Dependents	Ages
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Address		City	State	Zipcode
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Address (if less than 3 years)		City	State	Zipcode
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Are you				
<input type="text"/>	A home owner?	<input type="text"/>	Living with relatives?	<input type="text"/>
<input type="text"/>		<input type="text"/>	Renting? If renting, state amount	\$ <input type="text"/> per month
Home Telephone	Work Telephone	Cell	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Have you been bankrupt in the last 7 years? (Y/N)		<input type="text"/>	Are you a US citizen? (Y/N)	
		<input type="text"/>	<input type="text"/>	

Applicant 2

Title	First Name	Last Name		Marital Status
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
M/F	Date of Birth	Social Security No.	No. of Dependents	Ages
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Address		City	State	Zipcode
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Address (if less than 3 years)		City	State	Zipcode
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Are you				
<input type="text"/>	A home owner?	<input type="text"/>	Living with relatives?	<input type="text"/>
<input type="text"/>		<input type="text"/>	Renting? If renting, state amount	\$ <input type="text"/> per month
Home Telephone	Work Telephone	Cell	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Have you been bankrupt in the last 7 years? (Y/N)		<input type="text"/>	Are you a US citizen? (Y/N)	
		<input type="text"/>	<input type="text"/>	

Employment & Income Details
Applicant 1

Occupation <input style="width: 95%; height: 20px;" type="text"/>	Employer <input style="width: 95%; height: 20px;" type="text"/>					
Self-employed (Y/N) <input type="checkbox"/> My employment is <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Not Working						
Length of time with current employer <table border="0" style="width: 100%;"> <tr> <td style="width: 60%; text-align: center;">Years</td> <td style="width: 40%; text-align: center;">Months</td> </tr> <tr> <td><input style="width: 90%; height: 20px;" type="text"/></td> <td><input style="width: 90%; height: 20px;" type="text"/></td> </tr> </table>	Years	Months	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	Telephone <input style="width: 95%; height: 20px;" type="text"/>	Contact Name <input style="width: 95%; height: 20px;" type="text"/>
Years	Months					
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>					
Previous Employer (if less than 3 years) <input style="width: 95%; height: 20px;" type="text"/>	Telephone <input style="width: 95%; height: 20px;" type="text"/>	Contact Name <input style="width: 95%; height: 20px;" type="text"/>				
How much do you earn annually?						
Salary or Wages	<input style="width: 95%; height: 20px;" type="text"/>	\$				
Self-employed Income	<input style="width: 95%; height: 20px;" type="text"/>	\$				
Other Income	<input style="width: 95%; height: 20px;" type="text"/>	\$				
	Specify Type:	<input style="width: 95%; height: 20px;" type="text"/>				
Total Income	<input style="width: 95%; height: 20px;" type="text"/>	\$				

Applicant 2

Occupation <input style="width: 95%; height: 20px;" type="text"/>	Employer <input style="width: 95%; height: 20px;" type="text"/>					
Self-employed (Y/N) <input type="checkbox"/> My employment is <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Not Working						
Length of time with current employer <table border="0" style="width: 100%;"> <tr> <td style="width: 60%; text-align: center;">Years</td> <td style="width: 40%; text-align: center;">Months</td> </tr> <tr> <td><input style="width: 90%; height: 20px;" type="text"/></td> <td><input style="width: 90%; height: 20px;" type="text"/></td> </tr> </table>	Years	Months	<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>	Telephone <input style="width: 95%; height: 20px;" type="text"/>	Contact Name <input style="width: 95%; height: 20px;" type="text"/>
Years	Months					
<input style="width: 90%; height: 20px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>					
Previous Employer (if less than 3 years) <input style="width: 95%; height: 20px;" type="text"/>	Telephone <input style="width: 95%; height: 20px;" type="text"/>	Contact Name <input style="width: 95%; height: 20px;" type="text"/>				
How much do you earn annually?						
Salary or Wages	<input style="width: 95%; height: 20px;" type="text"/>	\$				
Self-employed Income	<input style="width: 95%; height: 20px;" type="text"/>	\$				
Other Income	<input style="width: 95%; height: 20px;" type="text"/>	\$				
	Specify Type:	<input style="width: 95%; height: 20px;" type="text"/>				
Total Income	<input style="width: 95%; height: 20px;" type="text"/>	\$				

Statement of Assets & Liabilities
Assets

	Property Address	Monthly Rental Income	Market Value
Property 1	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Property 2	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Property 3	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

* Please include your principal place of residence (if owned) and all investment properties. If more than 3, please attach a separate schedule.

Cash / Money Market Accounts / Certificate of Deposits:

Bank / Financial Institution	<input type="text"/>	Amount	\$ <input type="text"/>
Bank / Financial Institution	<input type="text"/>	Amount	\$ <input type="text"/>

Stocks:

Listed	<input type="text"/>	Value	\$ <input type="text"/>
Unlisted	<input type="text"/>	Value	\$ <input type="text"/>

Motor Vehicles:	Type	<input type="text"/>	Value	\$ <input type="text"/>
Motor Vehicles:	Type	<input type="text"/>	Value	\$ <input type="text"/>

Other Assets:	Type	<input type="text"/>	Value	\$ <input type="text"/>
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Total Assets

 \$
Liabilities

Mortgages:	Lender	Monthly Repayment	Balance
Property 1	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Property 2	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Property 3	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Other Loans (personal loans, home equity loans, leases, hire purchase etc):

<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Credit Cards:

Card Issuer	Credit Limit	Monthly Repayment	Balance
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Contingent Liabilities (guarantees, unpaid tax etc):

Type of Liability	To whom are you liable	Maximum Liability	Balance
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Total Liabilities

 \$
Net Worth

 \$

New Property Purchase Details

Development		Name of Seller		
<input type="text"/>		<input type="text"/>		
Address		City	State	Zipcode
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Proposed use of Property				
Owner Occupied	<input type="checkbox"/>	Residential Investment	<input type="checkbox"/>	
Type Of Property				
House	<input type="checkbox"/>	Apartment / Condo	<input type="checkbox"/>	Other (specify) <input type="text"/>
Purchase Price	\$ <input type="text"/>	Expected Closing Date	<input type="text"/>	

Deposit Bond Requirement

Deposit Bond Amount	\$ <input type="text"/>	(Not to exceed 20% of purchase price)
Required duration of the Deposit Bond (minimum 3 months, maximum 36 months)	<input type="text"/>	Months
Have any of the applicants ever applied for a deposit bond from Deposit Alternative (Y/N)?	<input type="checkbox"/>	
If YES, please provide details	<input type="text"/>	
Have any of the applicants ever had a deposit bond called on by a seller (Y/N)?	<input type="checkbox"/>	
If YES, please provide details	<input type="text"/>	

Closing Strategy

In this section you will explain how you intend to close on the new property purchase.

1. Sell existing property? If so, amount of funds to be released?	<input type="text"/>
Address of property to be sold	<input type="text"/>
2. Refinance Existing Loans? If so, amount of funds to be released?	<input type="text"/>
3. Sell shares/investments? If so, amount of funds to be released?	<input type="text"/>
4. Contribute cash to the purchase? If so, amount of cash to be contributed?	<input type="text"/>
5. Obtain a New Home Loan? If so, how much do you expect to borrow?	<input type="text"/>
6. Total Funds to complete purchase (Total must exceed purchase price)	<input type="text"/>

Details of Your Attorney

Name of Contact Person		Name of Firm	
<input type="text"/>		<input type="text"/>	
Mailing Address	City	State	Zipcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	Facsimile	Email address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Terms and conditions of this Application and any Deposit Bond issued as a result of this Application**The Parties to this Application**

This application is made by you to QBE Specialty Insurance Company ("QBE"), Mailing Address – Wall Street Plaza, 88 Pine Street, New York, NY 10005, Home Office Address – 314 East Thayer Avenue, Bismark, ND 58501, through its authorized agent Deposit Alternative, LLC ("DA") – Mailing address – 10161 Park Run Drive, Suite 150, Las Vegas, NV 89145. The reference to QBE and DA includes the successors and assigns of QBE and DA.

For the purposes of this application, references to:

- "you", "your", "I/we", "me/us" and "my/our" is a reference to the applicant/s referred to on pages one and two of this application, and if there is more than one applicant it is a reference to all of them jointly and each of them severally.

The Application

I/We request QBE through DA to provide me/us with a deposit bond for the deposit bond amount requested in this application. I/We represent that all of the information and materials provided to QBE through its agent DA in respect of this application are true and correct. If there is any material change in that information from the time it was provided and before the Deposit Bond is issued I/we shall immediately advise DA of the change. QBE may at its option revoke any approval if there is any material change. If a Deposit Bond is provided to the purchaser, I/We:

- acknowledge that the Agreement of Indemnity set out below will automatically be binding.
- acknowledge and agree that QBE must pay out under the Deposit Bond irrespective of whether;
 - the seller is entitled to terminate the Sale and Purchase Agreement
 - the seller is entitled to claim the deposit under the Sale and Purchase Agreement
 - I/we have a dispute with the seller
- acknowledge and agree that QBE is irrevocably authorized to pay out under the Deposit Bond immediately upon a request for payment being made and may make such payment without reference to me/us and without the need for any further authority from me/us.
- acknowledge and agree that QBE is irrevocably authorized to pay out under the Deposit Bond immediately upon a request for payment **from the Seller** being made and may make such payment without reference to me/us **or to the Sale and Purchase Agreement** and without the need for any further authority from me/us."

Privacy Notification

In accordance with applicable federal and state laws, a credit report or other investigative report about you may be requested in connection with this application. Credit scoring information, where allowed, may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. Any information which we have or may obtain about you or other individuals listed as policyholders on your policy will be treated confidentially. However, this information, as well as other personal or privileged information subsequently collected, may, under certain circumstances, and where permitted by law, be disclosed without prior authorization to non-affiliated third parties. We may also share such information with affiliated companies for such purposes as risk management, claims handling, servicing, underwriting and insurance marketing. Such companies may include banks, lenders, investors, title and escrow companies, appraisal companies, and excess and surplus lines insurance brokers. The excess and surplus lines broker used in procuring the Deposit bond will have access to your personal information. When we disclose or share information about you or other individuals listed as policyholders on your policy with third parties, the third parties are required to treat the information confidentially.

You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong.

If you are interested in obtaining a complete description of our information practices, and your rights regarding information we collect, ask your agent, or if you have been issued a policy, please write us at the address provided with your policy.

Agreement of Indemnity

In consideration of QBE executing the Deposit Bond and the undersigned applicant/s (Indemnitor/s) hereby specially requests the execution thereof, and in consideration of the sum of One Dollar paid to each Indemnitor by QBE, the receipt whereof is hereby acknowledged, each Indemnitor, being substantially benefited by the execution and delivery of the Deposit Bond hereby agrees:

1. That each Indemnitor shall indemnify and keep indemnified QBE against any and all liability for losses and expenses of whatsoever kind or nature, including the fees and disbursements of counsel and against any and all said losses and expenses which QBE may sustain or incur by reason of having executed the Deposit Bond, by reason of the failure of Indemnitor to perform or comply with the covenants and conditions of this Agreement of Indemnity, or in enforcing any of the covenants and conditions of this Agreement of Indemnity, and will place QBE in funds to meet all its liability as aforesaid promptly on request and before it may be required to make any payment hereunder. Copy of any voucher, sworn itemized statement or other evidence of payment of any of the foregoing by QBE shall be prima facie evidence of liability of the Indemnitor under this Agreement of Indemnity;
2. That QBE may make or consent to any change or alteration in the Deposit Bond and may execute extensions thereof, without notice to each Indemnitor (notice being expressly waived) and, in such case, each Indemnitor shall be liable to QBE as fully and to the same extent that QBE shall be liable under such changed or altered Deposit Bond;
3. That QBE shall have the exclusive right for itself and for each Indemnitor to take charge of all matters arising under the Deposit Bond and decide whether or not it is liable thereunder and shall determine the amount of its liability in case it decides it is liable. It may settle or compromise any claim and defend, settle or compromise any suits and take such other action in connection with any claim matter arising under the Deposit Bond as it may deem advisable. Any such decision, determination, settlement, defense, compromise or other action of QBE in connection with any claim matter arising under the Deposit Bond shall be final and conclusive and unconditionally binding upon each Indemnitor;
4. That upon the written request of QBE, each Indemnitor will promptly procure the full and complete discharge of QBE from the Deposit Bond and all liability by reason thereof. If such full and complete discharge is not attainable, each Indemnitor will, if requested by QBE, promptly provide QBE an irrevocable letter of credit acceptable to QBE, as collateral, in an amount sufficient to cover all undischarged liability under the Deposit Bond, or promptly make other provisions acceptable to QBE to fully collateralize the aforesaid undischarged liability;
5. That each Indemnitor and the heirs, legal representatives, successors and assigns of each Indemnitor shall be and are hereby jointly and severally bound by the foregoing provisions of the Agreement of Indemnity, and that the liability of each Indemnitor hereunder and of the heirs, legal representatives, successors and assigns of such Indemnitor hereunder shall not be dependent upon the proper execution of this Agreement of Indemnity or any instrument herein referred to by any other Indemnitor.

Signing and Acknowledgements**All applicants must read and sign this acknowledgement**

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (The state specific notices listed below supersede this notice).

Notice to Arkansas Applicants:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to California Applicants:

For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty and may be subject to fines and confinement in state prison.

Notice to Colorado Applicants:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of insurance within the Department of Regulatory Agencies.

Notice to District of Columbia Applicants:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to Florida Applicants:

Any person who knowingly and with intent to injure, defraud or deceive insurer files a statement of claim or an application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree.

Notice to Kentucky Applicants:

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Notice to Louisiana and West Virginia Applicants:

Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Maine and Tennessee Applicants:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. In Maine, penalties may include imprisonment, fines or a denial of insurance benefits. In Tennessee, penalties include imprisonment, fines or a denial of insurance benefits.

Notice to New Jersey Applicants:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties

Notice to New York Applicants:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signing and Acknowledgements (continued)**Notice to New Mexico Applicants:**

Any person who knowingly presents a false or fraudulent claim or payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Notice to Ohio Applicants:

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Notice to Oklahoma Applicants:

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Notice to Pennsylvania Applicants:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to Virginia and Washington Applicants:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

IMPORTANT – By signing this application, you acknowledge that you understand and agree to the following statements.

I/we acknowledge and agree that:

1. I/we have initialled every page of this application form.
2. QBE has no obligation to provide me/us with a deposit bond unless QBE receives a fully completed and signed original application form.
3. Payment must be received in full before the deposit bond can be issued. This includes premium plus all applicable taxes and charges.
4. QBE may require further information to be provided in support of this application.
5. No refund will be allowed after the deposit bond is issued.
6. If a deposit bond is issued, I/we shall be bound by all of the terms and conditions set out in this application and in particular with the matters set out in the paragraph entitled "Agreement of Indemnity" of this application.
7. The Agreement of Indemnity on page 6 of this Application gives QBE the right to recover from you any amount paid by QBE under the Deposit Bond. In the event QBE makes such a payment, then I/we promise to pay to QBE the amount of the payment, plus any costs associated with QBE making the payment, including attorney's fees.
8. I/we have read and understand the paragraph entitled "Privacy Notification" of this application.
9. I/we consent to the collection, storage, use and disclosure of my/our personal information for the purposes and in the manner set out in that Privacy Notification.
10. I/we hereby authorize QBE or DA to confirm the assets and liabilities claimed and all other items comprising this application. I/we authorize QBE or DA to make inquiries as necessary concerning or pertaining to the undersigned's financial standing, credit, or manner of meeting obligations to verify the accuracy of the statements made and to determine my/our credit worthiness. I/we certify the above and the statements contained in this application form and the attachments are true and accurate as of the stated date. A copy of this agreement shall be considered the same as the original. This authorization is to remain in full force until rescinded by the applicant/s in writing. These statements are made for the purposes of obtaining a deposit bond.

Signing and Acknowledgements (continued)
Applicant 1

Name

Signature

Date

Applicant 2

Name

Signature

Date

Checklist of Information Required
Contract of Sale

- Copy of the Purchase and Sale Agreement - new purchase

Income Confirmation

Minimum 2 types:

- Letter of Employment, stating annual salary
- 2 Most Recent Pay Slips
- Personal Tax Returns

Self-employed applicants

- Last 2 years Personal Tax returns
- Last 2 years Company Tax returns

Existing Rental Properties

- Most recent rental statement for all rental properties showing monthly rent

Identification

Minimum 2 types:

- Drivers License
- Social Security Card
- Passport

Proof of Assets

- Property Tax Notices on properties owned
- Most recent Statement of Funds on Deposit – if applicable
- Copy of Stock holding Statements – if applicable

Proof of Liabilities

- Most recent mortgage statement
- Most recent car loan or personal loan statement
- Other financial commitments (if any)

Send completed Applications to:

Deposit Alternative

Underwriting Department

10161 Park Run Drive, Suite 150

Las Vegas, Nevada, 89145

Phone: (702) 835 6806 Fax (702) 835 6807