| KENTU | CKY: CHOICE OF INSURANCE NOTI | ICE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Borrower: | Loan Num | nber: |
| Co-Borrower: | Date Prepa | ared: |
| Subject Property: | | |
| KY REVISED STATUTES CH | APTER 304.12-150 | |
| If you are required to provide an above-referenced loan, be aware | y form of insurance coverage as part of your of that: | obligation on the |
| required insurance is | freely choose the agent and insurer throlaced. We will not interfere either directly and insurer and we will not refuse any ad | y or indirectly with your |
| Your insurance age | nt: | |
| Insurance Compa | y: | |
| Phone Numb | er: | |
| Policy Numb | er. | |
| | parate charge for the handling of insurance of credit based on your choice of agent or | _ |
| ■ We will not collect a se with a loan or extension Hazard Insurance Policy term must be for at least one y in effect on date of loan closing. Lend • Declaration Page • Certificate or Evidence of Insura • Full Policy • Condominium – Master policy If a condominium is a free-stand • Monthly escrow for additional in | parate charge for the handling of insurance of credit based on your choice of agent or ar. Amount of coverage must be at least equal to the lear must not close loan with a binder. The following are not sting individual unit. In gunit, the lender must obtain complete coverage for at least | loan amount. Insurance must be acceptable: |
| ■ We will not collect a se with a loan or extension Hazard Insurance Policy term must be for at least one y in effect on date of loan closing. Lend • Declaration Page • Certificate or Evidence of Insura • Full Policy • Condominium – Master policy 1 • If a condominium is a free-stand • Monthly escrow for additional in • Maximum deductible equal to 5 | parate charge for the handling of insurance of credit based on your choice of agent or ar. Amount of coverage must be at least equal to the least must not close loan with a binder. The following are not sting individual unit. In a unit, the lender must obtain complete coverage for at least surance is required. | loan amount. Insurance must be acceptable: |
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| ■ We will not collect a se with a loan or extension Hazard Insurance Policy term must be for at least one y in effect on date of loan closing. Lend • Declaration Page • Certificate or Evidence of Insura • Full Policy • Condominium – Master policy 1 • If a condominium is a free-stand • Monthly escrow for additional in • Maximum deductible equal to 5 Your acknowledgment below significant of the standard of the standar | parate charge for the handling of insurance of credit based on your choice of agent or ar. Amount of coverage must be at least equal to the lear must not close loan with a binder. The following are not not close loan with a binder. The following are not not insurance is required. The provided surance is required. | doan amount. Insurance must be acceptable: to the amount of the first mortgage. d to you. Date |