



## THE REPRESENTATIONS AND WARRANTIES AND CERTIFICATION OF HAZARD INSURANCE

Name of Veteran Insured			
Property Address			
Policy Number	Insured Amount \$	Deductible Amount \$	Effective Date
Name of Insurance Agent	Telephone of Agent	Annual Premium \$	Expiration Date
Name of Insurance Company		Address of Insurance Company	

I, the undersigned, hereby certify in regard to the loan identified above:

- ✓ That the hazard insurance policy is written by an insurance carrier that has, at least, a "B" general policy holder's rating and financial size category of III in Best's Key Rating.
- ✓ That the insurance carrier is licensed to conduct business in the State of Oregon.
- ✓ That the agent is authorized to bind the insurance carrier.
- ✓ That the policy was in force prior to submitting the program loan for purchase by ODVA.
- ✓ That the insurance is in the amount of the maximum insurable value of the property or the loan amount, whichever is less.
- ✓ That the policy insures the property identified above.
- ✓ That the Oregon Department of Veterans' Affairs is named as loss payee with a Form 438BFU or its equivalent as follows:
 

OREGON DEPARTMENT OF VETERANS' AFFAIRS  
700 SUMMER STREET NE  
SALEM OR 97301-1285
- ✓ That I have evidence of at least one year's paid policy. (*Provide a copy of the policy.*)
- ✓ That I have evidence of at least one year's paid policy for flood insurance, where a property is located in a special flood hazard area. (*Provide a copy of the policy.*)

Name of Approved Lender ( <i>Type</i> )	
Signature of Authorized Officer	Date Signed
Name of Authorized Officer ( <i>Type</i> )	Title of Authorized Officer ( <i>Type</i> )

This information is also available in alternate formats, upon request.