



Lenders Insurance Solutions Group LLC

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Tax Tracking Account Data Sheet

General Information:

Lender Name _____

Bank Representative Completing Form _____ Date _____

Address _____ City _____ State _____ Zip _____

Contact Person _____ Email _____ Phone _____

Billing Contact _____ Email _____ Phone _____

Current Tax Vendor _____

Servicing System _____

Geography - States in which Properties are Located MO _____ # or % _____

Portfolio Information:

Total Mortgage Portfolio Size # _____ \$ _____

Percentage or Number of Residential Loans Res # _____

Percentage or Number of Commercial Loans # _____

Percent or Number of Escrowed Loans _____

Percent or Number of Non-escrowed Loans Res # _____ com # _____

Average Residential Parcels per Loan _____

Average Commercial Parcels per Loan _____

Average Monthly # Loans Res/Com _____

Average Loan Balance for Residential _____

Average Loan Balance for Commercial _____

QUOTE: Completed by Lenders Insurance Solutions Group, LLC.

New Loans _____ Notes _____

Existing Loans _____