**ORIGINATION EXAM – MANAGER'S QUESTIONNAIRE**

Please provide all electronic copies of the data requested. We use Microsoft Excel to analyze loan level data. For this reason, we request that the loan list be in a Microsoft Excel format.

In an effort to protect the books and records of Licensees and their customers, please submit all electronic information to the Department using Box.com.

All responses to request items must reconcile to the appropriate date, be signed (where applicable), accurate, complete, and uploaded into Box.com by the date indicated in the entry letter.

Our department will be happy to assist anyone needing clarification or advice in completing the requirements of the pre-examination packet. Your advance planning will ensure a timely and cost-effective process. If you have any other questions, please call our office at 360-902-8703. Thank you for your cooperation.

All Licensees must complete the Manager's Questionnaire. All questions are to be answered. If not applicable, insert N/A. If there is inadequate space or attachments are required, please create electronic attachments or additional sheets to this questionnaire and reference the section to which it refers. **Please label attachments to correspond with the letter or number of the questionnaire.**

**The following questions and attachments apply to the exam period stated in the entry letter.**

***NOTE: THIS QUESTIONNAIRE CONSTITUTES A DIRECTIVE PURSUANT TO RCW 31.04.145.  FAILURE TO COMPLY IS A VIOLATION OF THE CONSUMER LOAN ACT AND IS SUBJECT TO SANCTIONS THAT MAY INCLUDE LICENSE REVOCATION AND A FINE.***

**GENERAL INFORMATION**

1. State the Licensee name on the main office license as issued through NMLS:

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1. Main Office License #:

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1. List all “doing business as” or “trade names” in which business is conducted:

If the Licensee does not have any trade names or DBAs, check the box as not applicable:

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1. Provide the Licensee’s parent company:

If the Licensee does not have a parent company, check the box as not applicable:

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1. Provide the following information for the contact person for this examination:

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| Name and title: |
| Address: |
| Telephone number: |
| Facsimile number: |
| E-mail address: |

1. a) Provide the Licensee’s mailing address:

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1. Provide the address where the residential mortgage and personal loan books and records are maintained if different than (a) above:

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1. Provide the address where residential mortgage and personal loan servicing records are maintained if different than (a) above. Check the box if the Licensee does not service loans:

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1. How are your records maintained? Example: paper or imaged files.

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1. How is the Licensee organized:

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| --- | --- |
| Sole Proprietorship | |
| Partnership | |
| Corporation | |
| Limited Liability Company | |
| Other (specify) |  |

1. Does the Licensee record phone calls?  Yes  No
   1. If yes, describe which calls are recorded:

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* 1. If yes, how long are call recordings maintained?

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1. List the name, title, and responsibilities of all officers, principals, partners, owners, directors, and 10% or greater stockholders of the Licensee on attached Question 9.

Check the box if not applicable:

**USE ATTACHMENTS TAB “Question 9” or other substantially similar report labeled Question 9.**

1. Does the Licensee or any officer, principal, partner, owner, director, or employee own more than 1% of the following settlement service providers, or do any of these settlement service providers own 1% or more of the Licensee? Check the box if not applicable:

If YES to any of the companies, complete attached Question 10.

**USE ATTACHMENTS TAB “Question 10*”* or other substantially similar report labeled Question 10.**

|  |  |  |
| --- | --- | --- |
| Type of Company | YES | NO |
| Title Company |  |  |
| Appraisal Company |  |  |
| Appraisal Management Company |  |  |
| Real Estate Company |  |  |
| Credit Reporting Company |  |  |
| Credit Counseling Company |  |  |
| Credit Service Company |  |  |
| Insurance Company |  |  |
| Securities Company |  |  |
| Builder |  |  |
| Home Improvement Contractor |  |  |
| Real Estate Developer |  |  |
| Escrow Company |  |  |
| Underwriting or Processing Company |  |  |
| Servicing or Sub-Servicing Company |  |  |
| Telemarketing Company |  |  |
| Bi-Weekly or Amortization Reduction Company |  |  |
| Notary Service or Signing Service Company |  |  |
| Any other settlement service provider |  |  |

**TYPE OF BUSINESS**

1. Indicate the type(s) of residential mortgage and personal loan business in which the Licensee is engaged in Washington State only:

|  |  |
| --- | --- |
| First Mortgage Brokering | Secondary/Junior Mortgage Brokering |
| First Mortgage Lending | Secondary/Junior Mortgage Lending |
| Reverse Mortgage Lending | Secondary/Junior Mortgage Servicing |
| First Mortgage Servicing | Sales Contract Financing |
| Personal Loan Origination | Personal Loan Servicing |
| Personal Loan Brokering | Other – explain: |
| Assisting a Consumer with a Loan Modification for a fee |

1. Is any business other than residential mortgage business conducted at the Licensee’s office locations?

Yes  No

If YES, provide the nature of the business(es) and the location(s).

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1. Has the Licensee been approved with any of the following? Check the box if not applicable:

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| --- | --- |
| FNMA | FHA |
| GNMA | VA |
| FHLMA |  |

If any boxes were checked, state the date of approval and the date the approval was surrendered, restricted, or removed (if applicable).

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1. Has the Licensee had consumers sign a security agreement or a promissory note for residential mortgage loans, prior to all conditions being satisfied to fund the loan, a practice often referred to as conditional or accommodation closings?  Yes  No

If YES, explain.

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**ORIGINATION**

1. What was the Licensee’s main source of business?

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| --- | --- | --- | --- |
| Internet | Trade Publications | | |
| Referral | Telephone Solicitation | | |
| Print Advertisement | Third party loan brokers | | |
| Television/Radio Advertisements | Other (specify): |  |

1. Have any independent entities brokered residential mortgage loans to the Licensee?

Yes  No

1. Has the Licensee received monies, prior to loan closings, from consumers?  Yes  No

If YES, state the types of fees collected and explain situations in which the fees would be refundable to the consumer.

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**SALE OF LOANS AND LOAN FUNDING**

1. a) What percentage of loans originated in the past twelve (12) months have been sold into the

secondary market?      %

b) What percentage of those loans were sold with recourse?      %

1. Are all warehouse lines of credit repaid directly by the investor?  Yes  No

If NO, provide details.

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1. Has the Licensee made or brokered any loans, which defaulted during the examination period as stated in the entry letter?  Yes  No

If YES, provide details. List the names and addresses of the originating entity.

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1. Has the Licensee requested or required a broker to repurchase any mortgage loan, pay a settlement in lieu of repurchasing the mortgage loan, or return compensation to the licensee during the examination period as stated in the entry letter?  Yes  No

If YES, provide details.

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1. Has the Licensee had any warehouse lines of credit or other borrowings terminated?  Yes  No

If YES, provide details.

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1. Has the Licensee been requested or required to repurchase any mortgage loan, pay a settlement in lieu of repurchasing the mortgage loan, or return a credit for interest rate chosen to a lender/investor during examination period as stated in the entry letter?  Yes  No

If YES, provide details.

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1. Has the Licensee been required to execute an indemnity agreement on any mortgage loan during the exam period as stated in the entry letter?  Yes  No

If YES, provide details.

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**REPORTING**

1. Is the Licensee required to file a HMDA (Home Mortgage Disclosure Act) Report?  Yes  No

If NO, explain why the Licensee is not required to report.

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**DISCLOSURE QUESTIONS (all states, anywhere)**

If you answer “Yes” to any questions in this section, you must provide details and supporting documentation. Supporting documentation must be labeled to correspond to the question.

**For example, if you answer yes to 26A(1) label the corresponding document 26A(1)Support.pdf**.

1. Criminal/Regulatory Action/Civil/Financial Disclosure Questions:

**Criminal Disclosure:**

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| --- | --- | --- |
| **A. Has the entity or a control affiliate ever:** | | |
| A(1) | been convicted of or pled guilty or nolo contendere (“no contest”) in a domestic, foreign, or military court to any felony? | Yes  No |
| A(2) | been charged with any felony? | Yes  No |
| **B.** | | |
| B(1) | In the past 10 years has the entity or a control affiliate been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to committing or conspiring to commit a misdemeanor involving: (i) financial services or a financial services-related business, (ii) fraud, (iii) false statements or omissions, (iv) theft or wrongful taking of property, (v) bribery, (vi) perjury, (vii) forgery, (viii) counterfeiting, or (ix) extortion? | Yes  No |
| B(2) | Are there pending charges against the entity or a control affiliate for a misdemeanor specified in (B)(1)? | Yes  No |

**Regulatory Action Disclosure:**

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| --- | --- | --- |
| **C. In the past 10 years, has any State or federal regulatory agency or foreign financial**  **regulatory authority or self-regulatory organization (SRO) ever:** | | |
| C(1) | found the entity or a control affiliate to have made a false statement or omission or been dishonest, unfair or unethical? | Yes  No |
| C(2) | found the entity or a control affiliate to have been involved in a violation of a financial services-related regulation(s) or statute(s)? | Yes  No |
| C(3) | found the entity or a control affiliate to have been a cause of a financial services-related business having its authorization to do business denied, suspended, revoked or restricted? | Yes  No |
| C(4) | entered an order against the entity or a control affiliate in connection with a financial services-related activity? | Yes  No |
| **D.** | | |
| D(1) | Has the entity's or a control affiliate's authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended? | Yes  No |
| **E.** | | |
| E(1) | Is there a pending regulatory action proceeding against the entity or a control affiliate for any alleged violation described in (C) through (D)? | Yes  No |

**Civil Disclosure:**

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| --- | --- | --- |
| **F. Has any domestic or foreign court:** | | |
| F(1) | in the past ten years enjoined the entity or a control affiliate in connection with any financial services-related activity? | Yes  No |
| F(2) | in the past ten years found the entity or a control affiliate was involved in a violation of any financial services-related statute(s) or regulation(s)? | Yes  No |
| F(3) | in the past ten years dismissed, pursuant to a settlement agreement, a financial services-related civil action brought against the entity or control affiliate by a State or foreign financial regulatory authority? | Yes  No |
| **G.** | | |
| G(1) | Is there a pending financial services-related civil action in which the entity or a control affiliate is named for any alleged violation described in (F)? | Yes  No |

**Financial Disclosure:**

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| **H.** | | |
| H(1) | In the past ten years has the entity or a control affiliate been the subject of a bankruptcy petition? | Yes  No |
| **I.** | | |
| I(1) | Has a bonding company ever denied, paid out on, or revoked a bond for the entity? | Yes  No |
| **J.** | | |
| J(1) | Does the entity have any unsatisfied judgments or liens against it? | Yes  No |

1. For all pending litigation in which the aggregate amount at issue amounts to 5% or more of the Licensee’s net worth, provide a statement for each case, which includes the following information:

* Whether the Licensee is the plaintiff or defendant;
* The total dollar amount involved;
* A brief description of the suit;
* The status of the suit; and
* An opinion on the probable outcome.

**FINANCIAL INFORMATION**

1. When does the Licensee’s fiscal year end?

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1. Has the Licensee’s fiscal year end changed since the last state examination? ☐ Yes ☐ No

If YES, provide details.

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1. How frequently are unaudited financial statements prepared?

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1. How does the Licensee manage or hedge interest rate risk?

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**ADDITIONAL INFORMATION**

**LOAN ORIGINATORS AND 1099 PERSONNEL (Washington State only)**

1. For each mortgage loan originator (MLO) sponsored by the Licensee during the examination period stated in the entry letter.

**USE ATTACHMENTS TAB “Question A” or other substantially similar Excel report labeled Question A.**

Include the following information:

* MLO name (Last, First);
* MLO unique identifier (i.e. 123456);
* Date MLO was sponsored by Licensee;
* Date MLO left the Licensee (if applicable);
* MLO’s assigned branch NMLS license number;
* MLO’s branch DBA;
* Branch address;
* Payroll type (i.e. W-2 or 1099); and
* List all 1099 independent contractors employed as consultants, account executives, loan processors, underwriters, and closing coordinators.

1. Compensation Plans
   * 1. All compensation plans for each branch manager and loan originator sponsored by the Licensee in effect during the examination period as stated in the entry letter. Include all addendums.
     2. The most recent signed compensation agreements between the Licensee and brokers. Include all addendums.

**ADVERTISING (Washington State Only)**

1. Copies of all advertising policies.
2. Copies of all Washington State residential mortgage loan and personal loan advertising marketed by the Licensee during the examination period stated in the entry letter.
3. A listing of all advertisements distributed or broadcast to consumers during the examination period stated in the entry letter.

**USE ATTACHMENTS TAB “Question E” or other substantially similar Excel report labeled Question E.**

Include the following information:

* Name of advertisement as submitted in Question D above;
* Time period utilized;
* Number of consumers sent the advertisement (physically distributed advertisements); and
* Number of radio/television or other broadcast platform plays.

1. A list of all web site and social media sites where the Licensee advertises including all branch and loan originator web sites.
2. All marketing service agreements and joint advertising agreements.

**FINANCIAL (Licensee-wide – all states)**

1. The Licensee's latest two years audited or un-audited financial statements **unless already uploaded to NMLS.**
2. The Licensee’s most recent un-audited financial statement, including balance sheet and income, and expense statement, **unless already uploaded to NMLS.**
3. Provide the Licensee’s loan pricing model policy, including information related to discount points and credits offered to consumers.

**FUNDING**

1. A listing of all warehouse lines of credit and other borrowings available to the Licensee at the end of each of the last six months, including funding from the Licensee’s parent company.

Check the box if not applicable:

If APPLICABLE, complete attached Question K.

**USE ATTACHMENTS TAB “Question K” or other substantially similar Excel report labeled Question K.**

* Name and address of the creditor;
* Total dollar amount of the line;
* Amount in use; and
* Expiration date or renewal date of each contract.

1. A listing of all Washington State loans outstanding on warehouse lines and in the Licensee’s portfolio on December 31 of the prior two years. Check the box if not applicable:

If APPLICABLE, complete attached Question L.

**USE ATTACHMENTS TAB “Question L” or other substantially similar Excel report labeled Question L.**

* Loan number;
* Borrower name (Last, First);
* Loan amount;
* Property state;
* Occupancy type;
* Disbursement date;
* Loan type (Conv, FHA, VA, Reverse);
* Product type (Fixed 30, FHA 30, Conf 5/1); and
* Lien position.

1. A listing of all Washington State loans purchased during the examination period stated in the entry letter. Exclude any purchased reverse mortgages. Check the box if not applicable:

If APPLICABLE, complete attached Question M.

**USE ATTACHMENTS TAB “Question M” or other substantially similar Excel report labeled Question M.**

* Loan number;
* Borrower name (Last, First);
* Loan amount;
* Property state;
* Occupancy type;
* Disbursement date;
* Loan type (Conv, FHA, VA, Reverse);
* Product type (Fixed 30, FHA 30, Conf 5/1);
* Lien position;
* Date loan was obtained by the Licensee; and
* Date loan was sold by the Licensee (if applicable).

1. A listing of the dollar amount of the advances made at origination on all Washington State reverse mortgage loans made during the examination period stated in the entry letter.

Check the box if not applicable:

If APPLICABLE, complete attached Question N.

**USE ATTACHMENTS TAB “Question N” or other substantially similar Excel report labeled Question N.**

* Loan number;
* Borrower name (Last, First);
* Advance amount made at origination;
* Property state;
* Occupancy type;
* Disbursement Date;
* Loan type (FHA, proprietary);
* Product type (Fixed, ARM); and
* Lien position.

**ORIGINATIONS**

1. Provide all lending and underwriting policies used for making credit decisions.

**Residential Mortgage Loans**

1. A listing of all Washington State residential mortgage loans funded and short sale transactions negotiated during the examination period stated in the entry letter.

**USE ATTACHMENTS TAB “Question P” or other substantially similar Excel report labeled Question P.**

* Loan number;
* Borrower name (Last, First);
* Property address, including city, state, and zip code;
* Occupancy (first, second, investment);
* Loan program (Conventional, FHA, VA, USDA, Rural Housing Service, HECM, etc.);
* Product type (Example: 15 Fix, 30 Fix, 3/1 ARM, 7 yr ARM, Interest Only);
* Lien Position (first or second);
* Application date;
* Date initial Loan Estimate (LE) or Good Faith Estimate (GFE) issued;
* Date initial Truth in Lending (TIL) statement issued, if applicable;
* Date initial Closing Disclosure (CD) issued;
* Initial rate lock date;
* Initial rate lock period (number of days);
* Note rate;
* APR;
* Loan amount (note amount);
* Consummation date;
* Disbursement date;
* Purpose of loan (Example: refinance, purchase);
* LTV;
* CLTV;
* Fico scores (borrower and co-borrower);
* AUS recommendation
* Age (borrower and co-borrower);
* Origination charges;
* Borrower-paid (BP) or Lender-paid (LP) compensation;
* Amount of broker compensation;
* Discount points;
* Lender credits;
* Line 802 for loans not subject to the TILA-RESPA integrated disclosure rule;
* Mortgage loan originator name (Last, First);
* Mortgage loan originator’s license number;
* Origination source (branch NMLS license number if Licensee’s employee);
* NMLS license number of mortgage broker if applicable;
* Whether or not credit life, credit disability, or other insurance products were sold in connection with the transaction;
* Whether or not the loan included full documentation, reduced documentation or no documentation;
* Was the loan underwritten using Ability to Repay (ATR) standards;
* Was the loan underwritten using Qualified Mortgage (QM) standards;
* Identify if the loan was eligible for purchase by FNMA or FHLMCC; and
* Identify whether the loan was a wholesale origination, retail origination, or brokered out.

1. A listing of all Washington State residential mortgage loan applications and short sale negotiations that did not result in a funded loan during the examination period stated in the entry letter.

**USE ATTACHMENTS TAB “Question Q or other substantially similar Excel report labeled Question Q.**

* Loan number;
* Borrower name (Last, First);
* Property address, including city, state, and zip code;
* Occupancy (first, second, investment);
* Loan program (Conventional, FHA, VA, USDA, Rural Housing Service, HECM, etc.);
* Product Type (Example: 15 Fix, 30 Fix, 3/1 ARM, 7 yr ARM, Interest Only);
* Lien Position (first or second);
* Application date;
* Completed application date for ECOA purposes;
* Date initial Loan Estimate (LE) or Good Faith Estimate (GFE) issued;
* Date initial Truth in Lending (TIL) statement issued, if applicable;
* Rate lock date;
* Rate lock period (number of days);
* Loan amount;
* Status of the loan (open, denied, withdrawn, or rescinded);
* Date loan was denied, withdrawn, or rescinded;
* Purpose of loan (Example: refinance, purchase);
* Age (borrower and co-borrower);
* Loan originator’s name;
* Loan originator’s license number;
* Origination source (branch NMLS license number if Licensee’s employee);
* NMLS license number of mortgage broker if applicable;
* Whether or not the loan included full documentation, reduced documentation or no documentation; and
* Identify whether the loan was a wholesale origination, retail origination, or brokered out.

1. Provide a list of all Washington State residential mortgage loans rescinded during the exam period as stated in the entry letter.

**USE ATTACHMENTS TAB “Question R” or other substantially similar Excel report labeled Question R.**

* Loan number;
* Borrower name (Last, First);
* Consummation date;
* Date loan rescinded; and
* Total closing cost paid by borrower.

**Non-Residential Mortgage Loans**

Check the box if not applicable:

1. Provide a list of all other (non-residential) Washington State consumer loans and applications taken during the examination period as stated in the entry letter.

**USE ATTACHMENTS TAB “Question S” or other substantially similar Excel report labeled Question S.**

* Loan number;
* Borrower name (Last, First);
* Property address including city, state, and zip code;
* Purpose (Example: purchase or refinance);
* Type of loan (Example: auto, cash, student loan);
* Loan amount;
* Application date;
* Completed application date for ECOA purposes;
* Disbursement date;
* Status of loan (open, closed, withdrawn, denied);
* Status date;
* Interest rate;
* APR;
* Origination source (Example: in-house, third party broker);
* Branch address;
* Branch license number; and
* Whether or not credit life, credit disability, or other insurance products were sold in connection with the transaction.

1. Provide a list of all Washington State non-residential mortgage loans renewed/refinanced within 120 days of origination during the examination period as stated in entry letter.

**USE ATTACHMENTS TAB “Question T” or other substantially similar Excel report labeled Question T.**

* Loan number;
* Borrower name (Last, First);
* Date of origination;
* Renewal date; and
* Loan origination fee.

1. A list of all Washington State non-residential mortgage loans paid-off during the examination period as stated in the entry letter.

**USE ATTACHMENTS TAB “Question U” or other substantially similar Excel report labeled Question U.**

* Loan number;
* Borrower name (Last, First);
* Date of origination;
* Date of pay off request;
* Date payoff request was satisfied;
* Date paid off;
* Date the title was reconveyed to collateral; and
* Prepayment penalty charged;

**ANCILLARY PRODUCTS**

1. Does the Licensee sell ancillary products?  Yes  No

If NO, skip to question W.

1. What ancillary products does the Licensee sell?

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1. Does the Licensee finance ancillary products?  Yes  No

If yes, which products are financed?

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1. Provide the name and Washington Office of Insurance Commissioner license number of individual(s) in the Licensee offices licensed to sell insurance.
2. Provide the name, address, and the Washington Office of the Insurance Commissioner license numbers of the insurance companies for which the Licensee acts as agent.
3. Is the purchase of ancillary products a factor in the approval of credit?
4. How is the purchase of ancillary products disclosed to the consumer?
5. Is specific written affirmation obtained from the consumer and made a part of the loan file if a product is purchased?
6. Is the consumer given a written notice disclosing their right to cancel any credit related insurance and receive a full refund?       How many days are allowed?
7. Provide the method used to calculate all insurance refunds.
8. Provide penetration reports for prior year-end and year-to-date. For each period the report must include:

* Total number of loans;
* Percentage of Credit Life (C.L.), Accident and Health (A&H), Involuntary Unemployment Insurance (I.U.I.) and Personal Property (P.P.I.) and other ancillary products (except for Guaranteed Asset Protection (GAP)) sold; and
* The total number of loans made for each type of insurance.

1. Provide a list of insurance claims filed during the examination period stated in the examination entry letter for C.L., A&H, I.U.I. and P.P.I. Check the box if not applicable:

If APPLICABLE, complete attached Question V-xi.

**USE ATTACHMENTS TAB “Question V-xi” or other substantially similar Excel report labeled Question V-xi.**

* Loan number;
* Borrower name (Last, First);
* Date of loss;
* Date claim filed;
* Date claim paid;
* Amount paid by insurance company;
* Time period payment covered; and
* Type of insurance (i.e. CL, A&H, IUI, PPI).

1. Provide a list of all personal loans paid off during the examination period stated in the examination entry letter, which had credit insurance. Check the box if not applicable:

If APPLICABLE, complete attached Question V-xii.

**USE ATTACHMENTS TAB “Question V-xii” or other substantially similar Excel report labeled Question V-xii.**

* Loan number;
* Borrower name (Last, First);
* Date of loan origination;
* Pay off date;
* Total credit insurance premium amount; and
* Amount of insurance refund per product sold.

1. Provide sample copies of all insurance disclosure documents and licensee insurance policies.

**COMPLAINT HISTORY (Washington State only)**

1. Provide a list of complaints filed during the examination period as stated in the entry letter.

**USE ATTACHMENTS TAB “Question W” or other substantially similar Excel report labeled Question W.**

* Loan number;
* Borrower name (Last, First);
* Complaint number;
* Address including city and zip code;
* Telephone number;
* Type of loan;
* Summary of complaint and response;
* Complaint resolution; and
* Branch number.

**MISCELLANEOUS**

A.A. Copies of the Licensee’s quality control (QC) reports from internal or external reviews.

B.B. A copy of the most recent compliance audit report from the internal auditor.

Check the box if not applicable:

C.C. A listing, including addresses, of all other locations where the Licensee conducts mortgage business (i.e. back office services, and servicing).

D.D. An organizational chart detailing ownership and related entities of the Licensee.

E.E. The Licensee’s most recent pipeline report of all outstanding Washington applications.

**USE ATTACHMENTS TAB “Question E.E.” or other substantially similar Excel report labeled Question E.E.**

* Loan number;
* Borrower name (Last, First);
* Application date; and
* Initial LE or GFE issue date.

F.F. The Licensee’s most recent Red Flags Policy.

G.G. Bank Secrecy Act/Anti-Money Laundering:

* A copy of the Licensee’s most recent BSA/AML policies and procedures;
* A copy of BSA/Training logs for trainings conducted during the examination period as stated in the entry letter; and
* The most recent independent test of the Licensee’s BSA/AML program.

H.H. A copy of the Licensee’s Business Resumption Plan.

I.I. Copies of all supervisory plans (See WAC 208-620-301).

J.J. A list of all day-to-day managers of Washington mortgage loan originators, processors, and underwriters during the examination period as stated in the entry letter.

**USE ATTACHMENTS TAB “Question J.J.” or other substantially similar report labeled Question J.J.**

* Manager’s name (Last, First);
* Manager’s position; and
* Type of employees supervised (i.e. MLO, processing, or underwriting).

K.K. Policies and procedures for third party loan modification services.

L.L. A copy of the Licensee’s vendor management plan.

M.M. Procedures for onboarding new mortgage brokers. Check the box if not applicable:

N.N. A listing of all state examinations, including information security examinations, conducted on the Licensee during the examination period as stated in the entry letter.

**THIRD PARTY SHORT SALES TRANSACTIONS (Washington State only)**

O.O. Provide the Licensee’s short sale negotiation fee schedule.

P.P. List the total number of short sale transactions negotiated for the last calendar year and YTD.

Q.Q. List the total amount of short sale fees collected for the last calendar year and YTD.

R.R. What instruction does the Licensee provide to the settlement agent?

1. How is the short sale fee disclosed on the HUD-1 or Closing Disclosure?
2. Which party pays the short sale fee?

S.S. What type of documentation does the Licensee retain for short sale negotiation transactions?

T.T. Does the Licensee contract with any third-parties for short sale negotiations (e.g. settlement agents, etc.)?

**INFORMATION SECURITY**

The Department is concerned with the security of consumer information. Not maintaining confidentiality, integrity, and availability of information can result in direct harm to consumers and operational and reputational risk for businesses. In order to facilitate the Licensee’s on-going education in information security, the Department provides various information security related resources on its website: <https://dfi.wa.gov/consumer-loan-companies/consumer-loan-companies-examinations>.

Please answer the following questions regarding your Licensee’s implementation of information security best practices. You are required to answer the following questions, but your responses will not affect your rating.

|  |  |  |
| --- | --- | --- |
| # | Question | Response |
| 1 | If Wi-Fi is used, what form of encryption is configured? |  |
| 2 | What password rules do you and your employees follow? |  |
| 3 | Has data been classified based on the criticality/sensitivity of the information? Have you determined and documented what information needs to be protected/secured? |  |
| 4 | When you send sensitive information, like loan files or social security numbers, electronically what do you use to send it? Is it sent securely? |  |
| 5 | How are sensitive paper documents disposed of? |  |
| 6 | How is electronic data (such as hard drives, usb drives, cds, etc.) disposed of? |  |
| 7 | Are hardware and software firewalls installed and activated? |  |
| 8 | Are all computer systems patched and updated regularly? |  |
| 9 | What type of anti-virus/anti-malware software is used by the Licensee? Is this software installed on all computer devices used by the Licensee, including employees personal computers, if used for business purposes? |  |
| 10 | How do you back-up important information? If your main copy was destroyed (either due to a physical disaster or a computer incident) would you be able to recover your important documents? |  |
| 11 | Does everyone who has access to sensitive information, such as loan files and social security numbers, need that access to perform their job?  Is user access limited to business need? |  |
| 12 | Is a Clean Desk policy\* implemented?  \* The purpose of a clean desk policy is to ensure sensitive information is not left unattended. |  |

**CERTIFICATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| , | | | | | certifies that he/she is | | | |
| (Name of Authorized Representative) | | | | |  | | | |
|  | | | | of | |  | | | | |
| (Title of Authorized Representative) | | | |  | | (Name of Licensee) | | | | |
| and that the foregoing answers, all information contained in attached supplemental schedules, and all other documentation submitted in response to this questionnaire are true and correct in all respects to the best of his/her knowledge and belief. | | | | | | | | | | |
|  | | | | | | | | | | |
| Certified this | |  | | day of | | | , | 20 |
|  | | | | | | | | | | |
| (**Signature of Authorized Representative**) | | | | | | | | | | |