



SURETY BOND CERTIFICATION

(to be completed with the submission of originating entity surety bond only)

NAME OF ORIGINATING ENTITY: _____

NMLS#: _____

Name of MLO (The NMLS Number should be in Ascending Order)	NMLS Number	Date Licensed by NYDFS	\$ Volume of Loans Originated*	\$ Amount of Bond Coverage	Date Coverage Began
Please provide summation of \$ Amount of Bond Coverage on last line of that column or the capped maximum amount required from chart in instructions					

[Add additional sheets as necessary for additional MLOs]

*represents aggregate dollar amount of loans originated for **PRECEDING CALENDAR YEAR** or period of employment if less than 12 months. **REMINDERS:** originating entity must file certification form on a quarterly basis to reflect any additions. Cancellation of any MLO coverage requires written prior notification to the Department by registered or certified mail return receipt requested.

Please complete the next section, sign where indicated and notarize.

I, _____, hereby subscribe and affirm, under penalty of perjury, that I have personally reviewed this Surety Bond Certification form submitted on behalf of _____ and certify that the information contained in this Certification is true and accurate and does not contain any omission of a material fact. Further, I shall promptly notify the Superintendent of any changes affecting this Certification, including but not limited, to the termination of any MLO covered by this Certification, or a change in such person's license status in New York or any other State.

Signature of Authorized Individual:		Title:		Date:	
Signature of Notary:		Notary #:		County:	
				Date:	



NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

QUARTERLY REPORT OF EMPLOYMENT STATUS

(to be completed at the end of each Calendar Quarter)

NAME OF ORIGINATING ENTITY: _____

NMLS#: _____

Name of MLO	NMLS Number	Date Licensed by NYDFS	Date Hired	Date Terminated	Reason For Termination

Please complete the next section, sign where indicated and notarize.

I, _____, hereby subscribe and affirm, under penalty of perjury, that I have personally reviewed this Surety Bond Certification form submitted on behalf of _____ and certify that the information contained in this Certification is true and accurate and does not contain any omission of a material fact. Further, I shall promptly notify the Superintendent of any changes affecting this Certification, including but not limited, to the termination of any MLO covered by this Certification, or a change in such person's license status in New York or any other State.

Signature of Authorized Individual:		Title:		Date:	
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Signature of Notary:		Notary #:		County:		Date:	
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New York State Department of Financial Services-Surety Bond Certification Form

Instructions to complete form

1. **Name of Originating Entity (“OE”)**: Fill in legal name of the entity as approved in New York State.
2. **Name of MLO**
Show only the MLO’s covered under the OE MLO Surety Bond. (Do not include other MLO’s currently employed by the entity but who maintain individual Surety Bonds or MLOs not yet approved or approved-conditional). **Name must be entered exactly as the MLO’s legal name appears on NMLS.**
3. **NMLS Number**: Fill in the NMLS filing number of each listed MLO in ascending NMLS Number order.
4. **Date Licensed by NYDFS**: Provide the date the listed MLO was initially approved or conditionally
5. **\$ Volume of Loans Originated**:
Indicate the dollar amount of loans originated in the preceding calendar year or for period of employment/affiliation if less than 12 months. Originated loans consist of all closed loans for which the MLO received compensation.
6. **\$ Amount of Bond Coverage**:
Indicate what MLO Surety Bond coverage would apply based on the Bond Chart in Section 420.15(b) of the Superintendent’s Regulations.
7. **Date Coverage Began**: Fill in the date the OE MLO Surety Bond coverage went into effect for the individual MLO.
8. **Certification Section**:
Name: print the principal owners name and the entity legal name as approved in New York State (refer to the broker registration or banker license certificate).
9. **Signature of Authorized Individual**:
The individual signing on behalf of the OE must be an owner or executive officer or a designated individual. The designation of a non-owner or non-executive officer must be done by resolution of the entity and must be retained in the official records for inspection.
10. **Notary Section**:
To be completed and signed in presence of notary. If out of state, notary must provide its certification (county clerk certificate) demonstrating it is a licensed notary in that state.

New York State Department of Financial Services-Quarterly Report of Employment Status

THE QUARTERLY REPORT OF EMPLOYMENT STATUS MUST BE SUBMITTED WITHIN 45 DAYS OF THE END OF EACH CALENDAR QUARTER.

11. **Name of Originating Entity (“OE”)**: Fill in legal name of the entity as approved in New York State.

12. **Name of MLO**

Show only the MLO’s the institution hired or terminated during the quarter. **Name must be entered exactly as the MLO’s legal name appears on NMLS.**

13. **NMLS Number**: Fill in the NMLS filing number of each listed (covered) MLO in ascending NMLS Number order.

14. **Date Licensed by NYDFS**: Provide the date the listed MLO was first initially licensed by the Department.

15. **Date Hired**:

Indicate the date each MLO was hired by your company, regardless of whether the individuals began engaging in mortgage loan origination activities on such date.

16. **Date Terminated**:

Indicate the date the MLO was terminated or resigned.

17. **Reason for Termination**: For employees that were terminated by the company, please provide a reason for terminating the MLO.