



STATE OF NEVADA
Department of Business and Industry
Division of Mortgage Lending
7220 Bermuda Road, Suite A
Las Vegas, Nevada 89119
(702) 486-0780 Fax (702) 486-0785
www.mld.nv.gov

EXAMINATION MANAGER'S QUESTIONNAIRE

All Licensees must complete the attached Examination Manager's Questionnaire for the scope of examination unless otherwise instructed. The scope of examination was provided in the examination notification letter. 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 applies.

Please provide electronic copies of the data requested. If an electronic copy cannot be produced, a hard copy will be acceptable. We use Microsoft Excel to analyze your financial statements and loan data. For this reason we request that the financial statements and loan list should be in Microsoft Excel.

Please name documents and CD-ROMs/USB Flash Drives by corresponding questionnaire number. If you do not have the ability to provide electronic documents, please label/tab each hard copy by corresponding questionnaire number and submit accordingly.

GENERAL COMPANY INFORMATION

Licensee Name

Business Hours

Banker License Number

Broker License Number

Company NMLS ID

Date Form Completed

CORPORATE AND COMPLIANCE(EXAMINATION) CONTACT INFORMATION

Licensee Corporate Name

Licensee Corporate Address

Corporate Telephone Number and Fax Number

Corporate Contact Email Address

Website Address and Business Hours

Compliance Contact Representative and Title

Compliance Address

Compliance Contact E-mail and Compliance Telephone Number

1. Provide an organization chart and describe the chain of reporting.

Provided as Exhibit 1

- a. Provide a list of the corporate officers, including stockholders, and include titles and percentage of ownership interest for each. If owned by artificial entities, provide the breakdown of ownership for each entity until a natural person is disclosed.

Provided as Exhibit 1a

- b. Have you had a change of the ownership interest since the last examination?

Provided as Exhibit 1b N/A

- c. Have you had a change of control since the last examination? Yes No

Provided as Exhibit 1c N/A

- d. Are you a public or private company?

2. Provide a copy of your current Nevada surety bond.

Provided as Exhibit 2

3. For each employee who negotiates loan terms or conditions with the consumer in connection with properties located in the State of Nevada please provide:

- Mortgage Loan Originators (MLO's) name, (Last, First)
- MLO's unique identifier (MLO-123456)
- Date MLO was sponsored by company
- Date MLO left the company (if applicable)
- Branch name or number as identified by the Licensee
- MLO's assigned branch NMLS number
- All websites associated with the MLO
- Branch address
- Payroll type (i.e. W-2 or 1099)
- Compensation plan for each Loan Originator.

Provided as Exhibit 3 N/A

- a. For each employee who handles loans: assisting, processing, underwriting, and other applicable duties in connection with properties located in the State of Nevada please provide:

- First and Last Name
- Hire date
- Termination date (if applicable)
- All websites associated with the individual
- Branch address employee works from (if applicable)
- Office address the employee works from
- Payroll type (i.e. W-2 or 1099)
- Compensation plan if applicable

Provided as Exhibit 3a N/A

4. Provide interim financial statements for the most recent quarter/month.
 Provided as Exhibit 4
5. Who performs your loan processing and/or underwriting functions and where are they performed? (Examples include: W-2 in-house employees, 1099 contract processors or underwriters, processing companies, underwriting companies, and/or Mortgage Agents)
- a. Who compensates the loan processors and/or underwriters?
 - b. How are the loan processors and/or underwriters compensated?
 - c. If contract loan processors, contract underwriters, processing companies, or underwriting companies are used, provide the written contracts.
 Provided as Exhibit 5c N/A
 - d. If contract loan processors or processing companies are used on loan files that were brokered, provide a written explanation of the services the firm provided to earn a fee. Provided as Exhibit 5d N/A
6. Do you rent or lease location(s)? Yes No
- a. Provide complete copy/copies of the rental or lease agreement(s) or documentation regarding ownership for all branches licensed by the Division for the scope period. Provided as Exhibit 6a N/A
7. Do you share office space with any other business(es)? Yes No
- a. Provide the name of the business(es), a description of the business(es) including the services provided, and a description of all office arrangements, including but not limited to separate accounts, books and records.
 Provided as Exhibit 7a N/A
 - b. Provide a diagram of the office. Provided as Exhibit 7b N/A
8. Provide a copy of all Nevada advertising. Advertising includes, but is not limited to: shared advertising with Realtors or Real Estate offices, newspapers, magazines, sales literature, business cards, brochures and flyers, postcards, newsletters, billboards, yellow-page listing if more than one line, mass mailings and correspondence, radio advertisements and shows, television commercials, website(s), banner pages, smartphone apps, and all social media accounts (examples include: Twitter, Facebook, YouTube, LinkedIn, Yelp, Google+, etc.) If you maintain that no advertising is done, a description of how consumers are solicited is to be provided. Provided as Exhibit 8
9. Provide a list of **All Bank Accounts**. Include the following: Bank Name, Account Number, Type of Account, and Purpose of Account. Provided as Exhibit 9

10. Provide complete: bank statements, check registers, deposit records, reconciliations, and related records for all bank accounts utilized (including trust accounts) for the most recent 6-months of the scope period. Note: cancelled checks may be required.

Provided as Exhibit 10

11. Provide a copy of the Employee Training Policies. Provided as Exhibit 11

12. Provide a copy of the Quality Control Policies and Procedures. Provided as Exhibit 12

13. Provide a copy of the Identity Prevention Program as required by the “Red Flags Rule” of FACTA.

Provided as Exhibit 13

14. Provide a copy of the Anti-Money Laundering (AML) Policy. Provided as Exhibit 14

15. Provide a copy of the SAFE Act Policy. Provided as Exhibit 15

16. Have all Mortgage Agent terminations been filed with the Division of Mortgage Lending within three (3) days through the NMLS (if applicable)? Yes No

17. Provide complete payroll records for all employees of Nevada licensed locations and/or operation centers that are involved with Nevada property loans. In addition to the payroll records, include copies of the W2’s, 1099’s, and/or W3 for all Nevada employees, including management and vendors.

Provided as Exhibit 17

a. If you have any employment and/or compensation arrangements such as bonuses for employees, provide the structure and the disbursement schedule, including any contracts.

Provided as Exhibit 17a N/A

b. If you have any bonus structure designed for employee referral of mortgage loans, provide a description of the program.

Provided as Exhibit 17b N/A

18. Provide a copy of an origination pipeline report for loans all open, closed, and third party origination files (this includes files that were denied, cancelled, withdrawn, etc.) for all Nevada properties for the entire scope period through your current files. This report is to be generated from your loan origination system. The submission of monthly activity reports is not acceptable. The pipeline report must include the following information in the order listed:

- Loan number
- Borrower name
- Property state
- Loan origination fee
- Branch office

- Branch office accepting the file
- Mortgage broker name
- Date of origination
- Status and date closed

Provided as Exhibit 18 N/A

CERTIFICATION

_____, certifies that he/she is

(Name of Authorized Representative)

_____, of _____ and

that

(Title of Authorized Representative)

(Name of Licensee)

the foregoing answers, all information contained in attached supplemental exhibits, 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)

(Owner/Officer Signature)