



SUBMIT BY EMAIL

REQUEST FORM FOR EARLY RESCISSION RELIEF REVIEW

Date: _____ Master Policyholder Name: _____ MP No. (If Known): _____

Street Address, City, ST, ZIP: _____

Non-Delegated Submissions

Indicate by checking the box below to OPT IN for Essent’s post-close review of non-delegated loans. Under this option, you are required to submit the entire closing package, and any changes to the origination file since Essent’s approval, for independent validation by Essent (see Early Rescission Relief Guide [EGI-6801.024 (03/20)] for document list).

To OPT IN, check the box below:

- YES, I am Opting in for Non-Delegated Early Rescission Coverage Review for Non-Delegated Submissions

Delegated Submissions

Indicate by checking the box below to OPT IN for Essent’s post-close review of delegated loans. Under this option, you are required to submit the entire origination and closing package for independent validation by Essent (see Early Rescission Guide [EGI-6801.024 (03/20)] for document list).

To OPT IN, check the box below:

- YES, I am Opting In for Delegated Early Rescission Coverage Review for Delegated Submissions

To Change Opt In Status

If at any time you wish to OPT OUT of Post-Close Review, please email your request to Quality Assurance at qualityassurance@essent.us.

Contact Information For Document Delivery Process Set-Up

Name: _____ Email: _____

Title: _____ Phone: _____

A member of Essent’s Quality Assurance Team will contact the individual designated above to establish the document delivery process and official start date.

Authorization

- I am authorized to execute this Consent. I agree on behalf of my company to abide by the terms and conditions provided by Essent Guaranty, Inc. in the Mortgage Guaranty Insurance Master Policy with *Clarity of Coverage*® and related endorsements, and the Early Rescission Relief Coverage Guide. I understand that I may change my Company’s OPT IN or OPT OUT status for future submissions by providing 10-day advance written notice to Essent’s Quality Assurance team at qualityassurance@essent.us.

Name: _____ Email: _____

Title: _____ Phone: _____

Clicking the Submit by Email button at the top right of this form will send it to Essent’s Quality Assurance Team. If you prefer, you can print, complete and send the form via email to qualityassurance@essent.us or by mail to Quality Assurance, Essent Guaranty, Inc., 101 S. Stratford Road, Winston-Salem, NC 27104. If you have any questions, please contact your Essent [account manager](#) or qualityassurance@essent.us.

FOR ESSENT INTERNAL USE ONLY Effective Date: _____ Confirmed By: _____