



# Application For Mortgage Insurance

Please complete the following information to apply for mortgage insurance with Essent Guaranty. See Page 2 for important disclosures and instructions.

Insured's Information	Select MI Coverage Type
Insured's Name: _____ Insured's Address: _____ Street: _____ City: _____ State: _____ Zip: _____ Master Policy Number: _____ Borrower Name: _____ Self-Employed: <input type="radio"/> Y <input type="radio"/> N Borrower Credit Score: _____ Co-borrower Name(s) & Credit Score: _____ # of Co-Borrowers: _____ Delegated UW: <input type="radio"/> Y <input type="radio"/> N	Coverage %: _____ Renewal Premiums: <input type="radio"/> Level <input type="radio"/> Declining/Amortizing Premium Refundability: <input type="radio"/> Refundable <input type="radio"/> Non-refundable <i>(all LPMI premiums are non-refundable.)</i> Premium Payment Plan: _____ <b>Borrower-Paid (BPMI)</b> <b>Lender-Paid (LPMI)</b> <input type="radio"/> Monthly <input type="radio"/> Monthly <input type="radio"/> Monthly Deferred <input type="radio"/> Monthly Deferred <input type="radio"/> Annual <input type="radio"/> Annual <input type="radio"/> Singles <input type="radio"/> Singles <input type="radio"/> Splits _____ <input type="radio"/> Splits _____ Upfront Rates (See pg. 2 for rates)      Upfront Rates (See pg. 2 for rates) <input type="radio"/> Other: _____ <input type="radio"/> Other: _____ If BPMI Single or Split, is premium financed? <input type="radio"/> Y <input type="radio"/> N
Loan Information	ARM, Temporary Buydown or Balloon Info
Insured Loan Number: _____ <input type="radio"/> Purchase <input type="radio"/> Refi <input type="radio"/> Construction-to-Perm If Refi: <input type="radio"/> Rate and Term <input type="radio"/> Cash-Out If Cash-Out, list Amount: _____ Is current Loan Insured by Essent? <input type="radio"/> Y <input type="radio"/> N If Yes, Certificate #: _____ Appraised Value: _____ Appraiser's Name: _____	ARM TYPE _____ Index: _____ Start Rate: _____ Margin %: _____ Mos/1st Adj.: _____ Interest rate Cap for 1st Adj.: _____ Mos. Between subsequent Int. Rate Adj.: _____ Interest Rate Cap for subsequent Int. Rate Adj.: _____ Life Cap: _____ If Temporary Buydown <input type="radio"/> 3-2-1% <input type="radio"/> Other If Balloon, Years: _____
Third Party Originator (TPO)	Check all that Apply
Is this loan originated by a third party? <input type="radio"/> Y <input type="radio"/> N TPO Name: _____ Street: _____ City: _____ State: _____ Zip: _____ Contact Name: _____ Phone: _____ TPO ID#: _____	Affordable Housing: <input type="radio"/> Y <input type="radio"/> N Relocation: <input type="radio"/> Y <input type="radio"/> N Credit Union: <input type="radio"/> Y <input type="radio"/> N Other: _____
If Submitting the FNMA 1008/FHLMC 1077	Automated UW System
Borrower's Own Funds \$ _____ Gift \$ _____ Other \$ _____ Seller Contributions \$ _____	Complete for Desktop Underwriter®/Loan Prospector®: <input type="radio"/> Eligible <input type="radio"/> Ineligible DU: <input type="radio"/> Approve <input type="radio"/> Refer <input type="radio"/> Out of Scope LP: <input type="radio"/> Accept <input type="radio"/> A-Minus <input type="radio"/> Caution
If Submitting the FNMA 1003/FHLMC 65	
Appraised Value \$ _____ Property: <input type="radio"/> Detached <input type="radio"/> Attached Project Name: _____	
<p>The Insured, by its authorized representative, represents and, except where prohibited by law, warrants that the information provided to Essent on this form and all additional documentation and information provided to Essent, whether prepared or submitted by the Insured, Originator (if different from Insured), Borrower, Appraiser or any other Person or Entity, is true, correct and complete. This representation is relied upon by Essent in insuring this loan. The Insured also represents that this loan conforms to applicable Essent program requirements in effect at time of application. <b>WARNING:</b> Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. (Not applicable in VT. Civil penalty not applicable in KY.) See <b>Warnings</b> for specific states on page two.</p>	
Contact Name (Please Print) _____ Contact E-Mail Address _____ Telephone Number _____	Signature of Insured's Authorized Representative _____ <input type="radio"/> Check here to agree to all terms and representations above if submitting electronically. (Not applicable in NH) Date _____

### Split Premium Up-Front Rates

Essent Guaranty provides several options for up-front rates. Please indicate the selected up-front rate in the space provided on the front of this form.

Non-Refundable Options:	Refundable Options:
• 0.50%	• 0.75%
• 0.75%	• 1.00%
• 1.00%	• 1.50%
• 1.25%	• 1.75%
• 1.50%	• 2.00%
• 1.75%	• 2.25%

### Supporting Documentation Requirements:

Delegated	Non-Delegated	Delivery Options for Non-Delegated customers desiring an alternative to MI Ordering On-line:
<ul style="list-style-type: none"> <li>MI Application</li> <li>Forms 1003 or 65</li> </ul>	<ul style="list-style-type: none"> <li>MI Application</li> <li>Forms 1003/1008 or 65/1077</li> <li>Merged Credit Report</li> <li>Income/Assets Documentation</li> <li>Employment Verification</li> <li>Full Appraisal – HVCC Compliant</li> <li>Sales/Purchase Agreement – if applicable</li> </ul>	<ul style="list-style-type: none"> <li>You may <b>email</b> this completed form and Underwriting package to: <a href="mailto:essentconnectsupport@essent.us">essentconnectsupport@essent.us</a></li> <li>You may <b>fax</b> this completed form and Underwriting package to: 877.331.8311.</li> </ul> <p>If you have any questions, please call Essent Guaranty 833.ESNT4MI (833.376.8464)</p>

**WARNING Disclosures:**

**ME, TN, VA, WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**AL, LA, MA, NV, DC, RI:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or a benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**OH:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**FL, NH:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**OK: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NM:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purposes of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**MD:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**OR:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or files a claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be committing a fraudulent insurance act, which may be a crime, and may result in imprisonment, fines or denial of insurance benefits.

**CA:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.