

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: _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Borrower-Paid (BPMI)</td> <td style="width: 50%; border: none;">Lender-Paid (LPMI)</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Monthly</td> <td style="border: none;"><input type="radio"/> Monthly</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Monthly Deferred</td> <td style="border: none;"><input type="radio"/> Monthly Deferred</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Annual</td> <td style="border: none;"><input type="radio"/> Annual</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Singles</td> <td style="border: none;"><input type="radio"/> Singles</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Splits</td> <td style="border: none;"><input type="radio"/> Splits</td> </tr> <tr> <td style="border: none;"> Upfront Rates (See pg. 2 for rates)</td> <td style="border: none;"> Upfront Rates (See pg. 2 for rates)</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Other:</td> <td style="border: none;"><input type="radio"/> Other:</td> </tr> </table> If BPMI Single or Split, is premium financed? <input type="radio"/> Y <input type="radio"/> N	Borrower-Paid (BPMI)	Lender-Paid (LPMI)	<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:
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<input type="radio"/> Other:	<input type="radio"/> Other:																
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: _____																
Automated UW System																	
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																	
HMDA Codes (SEE PAGE 2)*																	
<table style="width: 100%; border: none;"> <tr> <td colspan="2" style="border: none;">Borrower:</td> </tr> <tr> <td style="border: none;"> Gender: _____</td> <td style="border: none;"> Racial Type: _____</td> </tr> <tr> <td colspan="2" style="border: none;"> Ethnicity: _____</td> </tr> <tr> <td colspan="2" style="border: none;">Co-borrower:</td> </tr> <tr> <td style="border: none;"> Gender: _____</td> <td style="border: none;"> Racial Type: _____</td> </tr> <tr> <td colspan="2" style="border: none;"> Ethnicity: _____</td> </tr> </table>		Borrower:		Gender: _____	Racial Type: _____	Ethnicity: _____		Co-borrower:		Gender: _____	Racial Type: _____	Ethnicity: _____					
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If Submitting the FNMA 1008/FHLMC 1077																	
Borrower's Own Funds \$ _____ Gift \$ _____ Other \$ _____ Seller Contributions \$ _____																	
If Submitting the FNMA 1003/FHLMC 65																	
Appraised Value \$ _____ Property: <input type="radio"/> Detached <input type="radio"/> Attached Project Name: _____																	

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. **WARNING:** 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 OR and VT. Civil penalty not applicable in KY.) See **Warnings for specific states on page two.**

Contact Name (Please Print) _____
 Contact E-Mail Address _____
 Telephone Number _____

Signature of Insured's
 Authorized Representative _____
 Check here to agree to all terms and representations above if
 submitting electronically. (Not applicable in NH)
 Date _____

HMDA Codes*

This information is being requested solely for HMDA compliance purposes and not for underwriting purposes.

Gender: _____ 1 – Male _____ 2 – Female _____ 3 – Unknown _____ Ethnicity: _____ 1 – Hispanic or Latino _____ 2 – Not Hispanic or Latino _____ 3 – Not Provided _____ 4 – Not Applicable _____	Racial Type: _____ 1 – American Indian or Alaskan Native _____ 2 – Asian _____ 3 – Black or African American _____ 4 – Native Hawaiian or Other Pacific Islander _____ 5 – White _____ 6 – Not provided _____ 7 – Not Applicable _____
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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: _____ • 0.50% _____ • 0.75% _____ • 1.00% _____ • 1.25% _____ • 1.50% _____ • 1.75% _____	Refundable Options: _____ • 0.75% _____ • 1.00% _____ • 1.50% _____ • 1.75% _____ • 2.00% _____ • 2.25% _____
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Supporting Documentation Requirements:

Delegated _____ • MI Application _____ • Forms 1003 or 65 _____	Non-Delegated _____ • MI Application _____ • Forms 1003/1008 or 65/1077 _____ • Merged Credit Report _____ • Income/Assets Documentation _____ • Employment Verification _____ • Full Appraisal – HVCC Compliant _____ • Sales/Purchase Agreement – if applicable _____	Delivery Options for Non-Delegated customers desiring an alternative to MI Ordering On-line: _____ • You may email this completed form and Underwriting package to: Underwriting@essent.us _____ • You may fax this completed form and Underwriting package to: 1-877-331-8311 (toll-free). _____ If you have any questions, please call Essent Guaranty Underwriting: 1-877-330-3535 _____
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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.