

Application for Master Policy

Disclosures (Continued)

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.

Authorization

The Lender named above requests Essent Guaranty, Inc. ("Essent") to issue a Master Policy to Lender. Lender understands that in deciding whether to issue a Master Policy, Essent will rely on the information submitted in this application. By submission of this application, Lender certifies that all of the information entered in this application is accurate and complete to the best of Lender's knowledge. The Authorized Representative named below certifies that he/she has been duly authorized to submit this application on behalf of the Lender.

Required Information:

Name:

Title:

Date:

Authorized Signature:

This application should be completed and returned to:

Mail: Essent Guaranty, Inc.

Two Radnor Corporate Center, 100 Matsonford Road, 3rd Floor

Radnor, Pennsylvania 19087

Phone: 833.ESNT4MI (833.376.8464) | **Fax:** 336.579.0394

Check Here to agree to all terms and representations above if submitting electronically.

Essent Internal Use Only

Business Type:

S&L

Bank

Mortgage Banker

Credit Union

Broker

Other _____

Account Manager:

Master Policy Approved By:

Date Master Policy Issued:

Comments/Special Circumstances:

Master Policy #: