

Instructions: Please download the form to your computer, open in Adobe® Reader®, complete and save, then email as attachment to clientservices@essent.us*

Enhanced Clarity of Coverage Options Request Form

ate				Master Policyholder Name					MP#, if known		
treet Address, City, ST, ZIP											
NON-DELEGATED SUBMISSIONS											
No	Non-Delegated Enhanced Clarity of Coverage Collateral Every application you submit on a non-delegated basis will automatically be reviewed for Enhanced Clarity of Coverage under Essent's Non- Delegated Endorsement unless you OPT OUT of reviews for all submissions. To OPT OUT only, check the box below and click on the Submit by Email button at the top right of the page. I am Opting Out of Non-Delegated Enhanced Clarity of Coverage Collateral Non-Delegated Post-Close Enhanced Clarity of Coverage Underwriting 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 validation by Essent (see Enhanced Clarity of Coverage Guide for document list).										
De											
No											
th											
То	To OPT IN, check the box below and click on the Submit by Email button at the top right of the page.										
	Yes, I am Opting in for Non-Delegated Enhanced Clarity of Coverage Underwriting										
	DELEGATED SUBMISSIONS										
De	Delegated Post-Close Enhanced Clarity of Coverage Collateral and Underwriting										
	Indicate by checking the box below to OPT IN for Essent's Enhanced post-close review of delegated loans. Under this option, you are required to submit the entire origination and closing package for validation by Essent (See Enhanced Clarity of Coverage Guide for document list).										
То	To OPT IN, check the box below and click on the Submit by Email button at the top right of the page.										
Yes, I am Opting In for Delegated Enhanced Clarity of Coverage Collateral and Underwriting											
TO CHANGE OPT IN STATUS											
If at any time you wish to OPT OUT of Post-Close Review, please email your request to Client Services at clientservices@essent.us											
	CONTACT INFORMATION FOR DOCUMENT DELIVERY PROCESS SET-UP										
Na	ame					Email					
Tit	tle					Phone	Number				
	A member of Essent's Customer Integrations Team will contact the individual designated above to establish the document delivery process, testing protocol 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 Enhanced Clarity of 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 Client Services department at clientservices@essent.us.										
Na	ame					Email					
Ti	itle					Phone	Number				

If you have any questions, please contact your Essent Account Manager.

^{*}If you prefer, you can print, complete, scan and send the form via email to clientservices@essent.us or print and mail to Client Services, Essent Guaranty Inc., 101 S. Stratford Road, Winston-Salem, NC 27104.