

## APPLICATION FOR MASTER POLICY

Customer Information		
Company Name: Street Address:* City, State, ZIP: Phone: Fax: Website Address:		Parent Company Legal Name (if applicable):  Parent Company Address (if different from Street Address):  City, State, ZIP:
*Please do not enter a P.O. Box		
Names and Titles of Principals: 1. 2.	# Yrs Mortgage Experience: 1. 2.	Year Business Established (YYYY): Please attach a list of business license numbers and states in which they are issued.
Master Policy should be sent to: Name: Job Title: Phone:		Master Policy Forwarding Address (if different from Mailing Address):  City, State, ZIP:
Investor Information This section must be completed before processing or approval.		
<b>Are you currently approved by any of these entities?</b>		
<input type="checkbox"/> Federal Deposit Insurance Corporation (FDIC) FDIC Certificate #:		
<input type="checkbox"/> National Credit Union Administration (NCUA) NCUA Charter #:		
<input type="checkbox"/> Freddie Mac (FHLMC) Active Seller/Servicer #:	Delivery volume over last 24 months:	Number of repurchases over last 24 months:
<input type="checkbox"/> Fannie Mae (FNMA) Active Seller/Servicer #:	Delivery volume over last 24 months:	Number of repurchases over last 24 months:
<b>If you are not currently approved by any of the above, please provide three investor references: (using separate pages as needed)</b>		
Name of Investor: Contact Name: Job Title: Phone: # Years Associated:		
Essent and its affiliates have our permission to fax materials of a various nature (i.e. underwriting updates, training information, rate changes, advertisements, etc.) to the following fax numbers: 1) _____ 2) _____ 3) _____		
Disclosures		
<p><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 OR and VT. Civil penalty not applicable in KY.)</p> <p><b>ME, TN, VA, WA:</b> 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.</p> <p><b>AL, LA, MA, NV, DC, RI:</b> 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.</p> <p><b>OH:</b> 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.</p> <p><b>FL, NH:</b> 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.</p> <p><b>OK:</b> <b>WARNING:</b> 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.</p> <p><b>NM:</b> 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.</p> <p><b>CO:</b> 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.</p> <p><b>MD:</b> 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.</p>		

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Authorization	
<p>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.</p>	
<b>Required Information:</b> Name: Title: Date: Authorized Signature:	This application should be completed and returned to: <b>Mail:</b> Essent Guaranty, Inc. Two Radnor Corporate Center, 100 Matsonford Road, 3rd Floor Radnor, Pennsylvania 19087 <b>Phone:</b> 610-230-0555   <b>Fax:</b> 610-386-2396
Agent Name (Please Print): _____	Agent Signature: _____
Essent Internal Use Only	
<b>Business Type:</b> <input type="checkbox"/> S&L <input type="checkbox"/> Credit Union <input type="checkbox"/> Bank <input type="checkbox"/> Broker <input type="checkbox"/> Mortgage Banker <input type="checkbox"/> Other _____ _____ _____	Account Manager: Master Policy Approved By: Date Master Policy Issued: Comments/Special Circumstances:
Master Policy #:	