

APPLICATION FOR MASTER POLICY

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>	
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: 610-230-0555 Fax: 610-386-2396
<input type="checkbox"/> Check Here to agree to all terms and representations above if submitting electronically.	
Essent Internal Use Only	
Business Type: <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 #:	