

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: _____		Coverage %: _____	
Insured's Address: _____ Street: _____		Renewal Premiums: <input type="radio"/> Level <input type="radio"/> Declining/Amortizing	
City: _____ State: _____ Zip: _____		Premium Refundability: <input type="radio"/> Refundable <input type="radio"/> Non-refundable (all LPMI premiums are non-refundable.)	
Master Policy Number: _____		Premium Payment Plan: _____	
Borrower Name: _____		Borrower-Paid (BPMI)	Lender-Paid (LPMI)
Self-Employed: <input type="radio"/> Y <input type="radio"/> N		<input type="radio"/> Monthly	<input type="radio"/> Monthly
Borrower Credit Score: _____		<input type="radio"/> Monthly Deferred	<input type="radio"/> Monthly Deferred
Co-borrower Name(s) & Credit Score: _____		<input type="radio"/> Annual	<input type="radio"/> Annual
# of Co-Borrowers: _____		<input type="radio"/> Singles	<input type="radio"/> Singles
Delegated UW: <input type="radio"/> Y <input type="radio"/> N		<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: _____	
		If BPMI Single or Split, is premium financed? <input type="radio"/> Y <input type="radio"/> N	
Loan Information		ARM, Temporary Buydown or Balloon Info	
Insured Loan Number: _____		ARM TYPE	
<input type="radio"/> Purchase <input type="radio"/> Refi <input type="radio"/> Construction-to-Perm		Index: _____	
If Refi: <input type="radio"/> Rate and Term <input type="radio"/> Cash-Out		Start Rate: _____	
If Cash-Out, list Amount: _____		Margin %: _____	
Is current Loan Insured by Essent? <input type="radio"/> Y <input type="radio"/> N		Mos/1st Adj.: _____	
If Yes, Certificate #: _____		Interest rate Cap for 1st Adj.: _____	
Appraised Value: _____		Mos. Between subsequent Int. Rate Adj.: _____	
Appraiser's Name: _____		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		Affordable Housing: <input type="radio"/> Y <input type="radio"/> N	
TPO Name: _____		Relocation: <input type="radio"/> Y <input type="radio"/> N	
Street: _____		Credit Union: <input type="radio"/> Y <input type="radio"/> N	
City: _____ State: _____ Zip: _____		Other: _____	
Contact Name: _____		Automated UW System	
Phone: _____ TPO ID#: _____		Complete for Desktop Underwriter [®] /Loan Prospector [®] :	
		<input type="radio"/> Eligible <input type="radio"/> Ineligible	
If Submitting the FNMA 1008/FHLMC 1077		DU: <input type="radio"/> Approve <input type="radio"/> Refer <input type="radio"/> Out of Scope	
Borrower's Own Funds \$ _____		LP: <input type="radio"/> Accept <input type="radio"/> A-Minus <input type="radio"/> Caution	
Gift \$ _____		HMDA Codes (SEE PAGE 2)*	
Other \$ _____		Borrower:	
Seller Contributions \$ _____		Gender: _____ Racial Type: _____	
If Submitting the FNMA 1003/FHLMC 65		Ethnicity: _____	
Appraised Value \$ _____		Co-borrower:	
Property: <input type="radio"/> Detached <input type="radio"/> Attached		Gender: _____ Racial Type: _____	
Project Name: _____		Ethnicity: _____	
<p>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 VT. Civil penalty not applicable in KY.) See Warnings for specific states on page two.</p>			
Contact Name (Please Print) _____		Signature of Insured's Authorized Representative _____	
Contact E-Mail Address _____		<input type="radio"/> Check here to agree to all terms and representations above if submitting electronically. (Not applicable in NH)	
Telephone Number _____		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	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
Ethnicity: 1 – Hispanic or Latino 2 – Not Hispanic or Latino 3 – Not Provided 4 – Not Applicable	

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:	Refundable Options:
• 0.50%	• 0.75%
• 0.75%	• 1.00%
• 1.00%	• 1.50%
• 1.25%	• 1.75%
• 1.50%	• 2.00%
• 1.75%	• 2.25%

Supporting Documentation Requirements:

Delegated <ul style="list-style-type: none"> • MI Application • Forms 1003 or 65 	Non-Delegated <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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). <p>If you have any questions, please call Essent Guaranty Underwriting: 1-877-330-3535</p>
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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.

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.