

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:	Renewal Premiums: O Level O Declining/Amortizing		
Street:	Premium Refundability: O Refundable O Non-refundable		
City: State: Zip:	(all LPMI premiums are non-refundable.) Premium Payment Plan:		
Master Policy Number:	Borrower-Paid (BPMI) Lender-Paid (LPMI)		
Borrower Name:	O Monthly O Monthly		
Self-Employed: OY ON	O Monthly Deferred O Monthly Deferred		
Borrower Credit Score:	O Annual O Annual		
Co-borrower Name(s) & Credit Score:	O Singles O Singles		
	O Splits O Splits Upfront Rates (See pg. 2 for rates) Upfront Rates (See pg. 2 for rates)		
# of Co-Borrowers:	O Other: O Other:		
Delegated UW: OY ON	If BPMI Single or Split, is premium financed? O Y O N		
Loan Information	ARM, Temporary Buydown or Balloon Info		
Insured Loan Number:	ARM TYPE		
O Purchase O Refi O Construction-to-Perm	Index:		
If Refi: O Rate and Term O Cash-Out	Start Rate:		
If Cash-Out, list Amount:	Margin %: Mos/1st Adj.:		
Is current Loan Insured by Essent? O Y O N	Interest rate Cap for 1st Adj.:		
If Yes, Certificate #:	Mos. Between subsequent Int. Rate Adj.:		
Appraised Value:	Interest Rate Cap for subsequent Int. Rate Adj.		
Appraised value.	Life Cap:		
Appraiser's Name.	If Temporary Buydown		
	O 3-2-1% O Other		
	If Balloon, Years:		
Third Party Originator (TPO)	Check all that Apply		
Is this loan originated by a third party? O Y O N	Affordable Housing: OY ON		
TPO Name:	Relocation: O Y O N Credit Union: O Y O N		
Street:	Credit Union: O Y O N Other:		
City: State: Zip:	Automated UW System		
Contact Name:	Complete for Desktop Underwriter®/Loan Prospector®:		
Phone: TPO ID#:	O Eligible O Ineligible		
If Submitting the FNMA 1008/FHLMC 1077	DU: O Approve O Refer O Out of Scope		
Borrower's Own Funds \$	LP: O Accept O A-Minus O Caution		
Gift \$	HMDA Codes (SEE PAGE 2)*		
Other \$	Borrower:		
Seller Contributions \$	Gender: Racial Type:		
If Submitting the FNMA 1003/FHLMC 65	Co-borrower:		
Appraised Value \$	Gender: Racial Type:		
Property: O Detached O Attached Project Name:	Ethnicity:		
on this form and all additional documentation and information provided different from Insured), Borrower, Appraiser or any other Person or En Essent in insuring this Ioan. The Insured also represents that this Ioan application. WARNING: Any person who knowingly and with intent to insurance or statement of claim containing any materially false information fact material thereto, commits a fraudulent insurance act, which is a crim	where prohibited by law, warrants that the information provided to Essent to Essent, whether prepared or submitted by the Insured, Originator (if http://istrue, correct and complete. This representation is relied upon by conforms to applicable Essent program requirements in effect at time of defraud any insurance company or other person files an application for on, or conceals, for the purpose of misleading, information concerning any ne and shall also be subject to a civil penalty not to exceed five thousand blicable in OR and VT. Civil penalty not applicable in KY.) See Warnings Signature of Insured's		
Contact E-Mail Address	Authorized Representative O Check here to agree to all terms and representations above if		
Telephone Number	submitting electronically. (Not applicable in NH)		
	Date		



HMDA Codes*				
This information is being requested solely for HMDA compliance purposes and not for underwriting purposes.				
Gender:		Racial Type:		
1 – Male		1 – American Indian or Alaskan Native		
2 – Female		2 – Asian		
3 – Unknown		3 – Black or African American		
Ethnicity:		4 – Native Hawaiian or Other Pacific Islander		
1 – Hispanic or Latino		5 – White		
2 – Not Hispanic or Latino		6 – Not provided		
3 – Not Provided		7 – Not Applicable		
4 – Not Applicable				
Split Premium Up-Front Rates				
Essent Guaranty provides several of this form.	ons for up-front rates. Please indicate the selected up-front rate in the space provided on the front of Refundable Options: • 0.75%			
• 0.75%	• 0.75%			
• 0.75% • 1.00% • 1.00%				
• 1.25% • 1.75%				
• 1.50% • 2.00%				
• 1.75%	• 2.25%			
Supporting Documentation Requirements:				
 Delegated MI Application Forms 1003 or 65 	Non-Delegated • MI Application • Forms 1003/1008 or 65/1077 • Merged Credit Report • Income/Assets Documentation • Employment Verification • Full Appraisal – HVCC Complia • Sales/Purchase Agreement – if	ant	 Delivery Options for Non-Delegated customers desiring an alternative to MI Ordering On-line: 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). If you have any questions, please call Essent Guaranty Underwriting: 1-877-330-3535 	

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.