



LENDER APPROVAL QUESTIONNAIRE

I. GENERAL INFORMATION

Lender Name _____ Year Founded _____

Corporate Headquarters Address _____ City _____ State/Zip _____ Phone Number _____

Mailing address (if different from above) _____ City _____ State/Zip _____ Fax Number (for certificate delivery) _____

Lender Type: Mortgage Banker Bank Mortgage Broker Other

Business Channel: Correspondent Retail Wholesale

BRANCH ADDRESSES: *Attach additional branch listings on a separate sheet.*

APPROVED LENDING INSTITUTION FOR:

Fannie Mae Freddie Mac Fannie Mae Seller/Servicer # _____ Freddie Mac Seller/Servicer # _____

FDIC FHA VA FDIC # _____

PMI APPROVAL REQUESTED FOR:

Origination Servicing Delegated

Do you anticipate ordering MI electronically? Yes No

MORTGAGE INSURERS CURRENTLY UTILIZED:

_____ Delegated? Yes No

_____ Delegated? Yes No

LIST (THREE) PRIMARY INVESTORS THAT YOU SELL LOANS TO:

PRINCIPAL(S) OF COMPANY:

Name (First Middle Last) _____ Title _____ Telephone # _____ e-mail address _____

Name (First Middle Last) _____ Title _____ Telephone # _____ e-mail address _____

LENDER'S CONTACTS:

Origination

Name _____ Title _____ Telephone # _____ e-mail address _____

Underwriting

Name _____ Title _____ Telephone # _____ e-mail address _____

Servicing

Name _____ Title _____ Telephone # _____ e-mail address _____

Claims

Name _____ Title _____ Telephone # _____ e-mail address _____

If a Servicing customer, and NOT Fannie Mae/Freddie Mac approved, a complete Loan Servicing Questionnaire (PMI Form UW 2195.01) must be completed.

II. REFERENCES

Lender's Name _____ City _____ State _____ Contact Name _____ Phone Number _____

Lender's Name _____ City _____ State _____ Contact Name _____ Phone Number _____

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III. UNDERWRITING INFORMATION

(Requirement if lender is requesting delegated authority, AND is not a Fannie Mae/Freddie Mac seller/servicer or not FDIC insured.)

Ability to underwrite: Yes No

Briefly describe (below) or attach a copy of your processing and underwriting procedures:

Briefly describe (below) or attach a copy of your quality control practices:

IV. LENDER EXPERIENCE

Conventional Originations in the Last 12 Months

Volume \$ _____ Total Originations \$ _____ Insured Volume _____ %

V. LENDER INSTRUCTIONS

Please forward this questionnaire to your PMI sales representative. By submission of this questionnaire, Lender represents and/or warrants the correctness of all statements and information contained here within and in such documents supplied to PMI.

By: _____ Title: _____

Authorized Signature

Date: _____

Please print full name

VI. FOR PMI SALES TO COMPLETE

LENDER APPROVAL RECOMMENDATION (For lenders seeking Delegated approval, include information regarding business reason for delegation, lender's business strategy, loan quality, and product mix.)

Projected insured volume to PMI over the next 12 months: \$ _____ Units _____

PMI Sales Representative: _____
Print Name Signature

Phone Number Cost Center Date

VII. FOR PMI REGIONAL RISK MANAGER TO COMPLETE

Lender Approved? Yes No

PDQ Approved? Yes No

Origination? Servicing?

MARI®: Acceptable Unacceptable

PMI Master Policy Number: _____

Regional Risk Manager: _____
Print Name Signature Date



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VIII. ADDITIONAL INFORMATION

Use this page for additional information. Please type or print legibly.