



# FLORIDA PMI Application for Insurance

PMI Master Policy #: _____ Company Name: _____ _____ Borrower Name(s): _____ _____	<b>CONTACT INFORMATION:</b> Name: _____ Phone#: ( _____ ) _____ Fax#: ( _____ ) _____ Email address: _____
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<b>MI APPLICATION:</b> <input type="checkbox"/> Standard/Full <input type="checkbox"/> Pre-Qualification <input type="checkbox"/> PDO®/Delegated <input type="checkbox"/> Other: _____  <b>Complete the following for all loans:</b> Third-Party Originated: <input type="checkbox"/> Yes <input type="checkbox"/> No Correspondent/Originator/Broker: _____ Investor: _____ Registration #: _____	<b>LOAN PROGRAM INFORMATION (CONT.):</b> Loan Type: <input type="checkbox"/> Fixed <input type="checkbox"/> ARM <input type="checkbox"/> Other: _____ Amortization Type: <input type="checkbox"/> Full (Positive) Amortization <input type="checkbox"/> Interest Only Balloon Amortization Term: _____ mos. Temporary Buydowns: <input type="checkbox"/> 1-0% <input type="checkbox"/> 2-1% <input type="checkbox"/> 3-2-1% <input type="checkbox"/> Other: _____ Frequency of Buydown Adjustments: _____ mos.
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<b>AUTOMATED UNDERWRITING DECISION:</b> Fannie Mae Desktop Underwriter® <input type="checkbox"/> Approve <input type="checkbox"/> Refer <input type="checkbox"/> Expanded Approval Level _____  Freddie Mac Loan Prospector® Risk Class: <input type="checkbox"/> Accept <input type="checkbox"/> Caution	<b>Complete the following if an ARM:</b> Index Value: _____ Margin: _____ ARM 1st/Next Interest Rate Adj: _____ / _____ mos. ARM 1st/Next Interest Rate Cap: _____ / _____ %
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<b>LOAN PROGRAM INFORMATION:</b> Full Doc: <input type="checkbox"/> Standard <input type="checkbox"/> DU® <input type="checkbox"/> LP Program Name: _____ Customer Product Code: _____ Relocation Loan: <input type="checkbox"/> Yes <input type="checkbox"/> No Construction-Perm: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>MORTGAGE INSURANCE COVERAGE:</b> <input type="checkbox"/> Borrower-Paid MI <input type="checkbox"/> Lender-Paid MI MI Coverage: _____ % Renewal Type: <input type="checkbox"/> Constant <input type="checkbox"/> Amortizing Premium Financed: <input type="checkbox"/> Yes <input type="checkbox"/> No Base Loan Amount: \$ _____  <b>Premium Plan:</b> <input type="checkbox"/> pmiNU MONTHLY <sup>SM</sup> <input type="checkbox"/> Super Single <sup>SM</sup> - Refundable <input type="checkbox"/> MONTHLY <input type="checkbox"/> Super Single <sup>SM</sup> - Non Refundable <input type="checkbox"/> Level Annual <input type="checkbox"/> Super Split Premium <sup>SM</sup> <input type="checkbox"/> Other: _____
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**ADDITIONAL INFORMATION FOR PMI PARTNER DELIVERED QUALITY® DELEGATED SUBMISSIONS**

Borrower(s) Representative FICO: Borrower:    #1        #2        #3        #4        #5 _____ Overall Loan Rep FICO: _____ Nontraditional Credit Used to Qualify: <input type="checkbox"/> Yes <input type="checkbox"/> No Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Property County: _____ Manufactured Housing Chassis-Type? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Housing Expense: <i>(If subject property is 2nd home/investment)</i> \$ _____ Subject Property Gross Rent: <i>(If 2-4 unit or investment property)</i> \$ _____ <i>(Please use codes on page 2.)</i> Borrower #1: Gender _____ Ethnicity _____ Race _____ Borrower #2: Gender _____ Ethnicity _____ Race _____
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Customer represents that all the information provided in this application is correct and complete and conforms to applicable PMI program requirements in effect at the time of application. 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. (Fla. Stat. § 817.234.)

SIGNATURE OF AUTHORIZED REPRESENTATIVE/TITLE \_\_\_\_\_
DATE SIGNED \_\_\_\_\_



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**REQUIRED DOCUMENTATION:****For PDQ®/Delegated App:**

1. Fully completed PMI Application for Insurance, signed and dated by an authorized representative of the Master Policyholder
2. Uniform Underwriting and Transmittal Summary (*Fannie Mae 1008/Freddie Mac 1077*)

**For Standard/Full Submissions:**

1. Fully completed PMI Application for Insurance, signed and dated by an authorized representative of the Master Policyholder
2. Uniform Residential Loan Application (*Fannie Mae 1003/Freddie Mac 65*)
3. Uniform Underwriting and Transmittal Summary (*Fannie Mae 1008/Freddie Mac 1077*)
4. Residential Mortgage Credit Report (RMCR) or tri-merged report
5. Residential Appraisal Report
6. Sales Contract, if applicable
7. Verification of Employment
8. Verification of Income
9. Verification of cash needed to close plus reserves
10. History of mortgage or housing rental payment history, if not included in credit report
11. Fannie Mae DU Findings/Freddie Mac LP Feedback (*if DU/LP approved*)
12. Lender's Underwriting Approval Notice, if available

**INFORMATION FOR GOVERNMENT  
MONITORING PURPOSES/CODES:**

- Gender:**
- 1 Male
  - 2 Female
  - 3 Info not provided
  - 4 Not applicable
  - 5 No co-applicant
- Ethnicity:**
- 1 Hispanic or Latino
  - 2 Not Hispanic or Latino
  - 3 Info not provided
  - 4 Not applicable
  - 5 No co-applicant
- Race:**
- 1 American Indian or Alaskan Native
  - 2 Asian
  - 3 Black or African American
  - 4 Native Hawaiian or other Pacific Islander
  - 5 White
  - 6 Info not provided
  - 7 Not applicable
  - 8 No co-applicant

**FAX TO THE PMI NATIONAL UNDERWRITING CENTER**

Downers Grove, IL 888.444.9792

PMI's applications for insurance are available on our Web site at [www.pmi-us.com](http://www.pmi-us.com).