



PMI Application for Insurance

PMI Master Policy #: _____ Company Name: _____ _____ Borrower Name(s): _____ _____	CONTACT INFORMATION: Name: _____ Phone#: (_____) _____ Fax#: (_____) _____ Email address: _____
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MI APPLICATION: <input type="checkbox"/> Standard/Full <input type="checkbox"/> Pre-Qualification <input type="checkbox"/> PDO®/Delegated <input type="checkbox"/> Other: _____ Complete the following for all loans: Third-Party Originated: <input type="checkbox"/> Yes <input type="checkbox"/> No Correspondent/Originator/Broker: _____ Investor: _____ Registration #: _____	LOAN PROGRAM INFORMATION (CONT.): 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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AUTOMATED UNDERWRITING DECISION: 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	Complete the following if an ARM: Index Value: _____ Margin: _____ ARM 1st/Next Interest Rate Adj: _____ / _____ mos. ARM 1st/Next Interest Rate Cap: _____ / _____ %
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LOAN PROGRAM INFORMATION: 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	MORTGAGE INSURANCE COVERAGE: <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: \$ _____ Premium Plan: <input type="checkbox"/> pmiNU MONTHLY SM <input type="checkbox"/> Super Single SM - Refundable <input type="checkbox"/> MONTHLY <input type="checkbox"/> Super Single SM - Non Refundable <input type="checkbox"/> Level Annual <input type="checkbox"/> Super Split Premium SM <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, 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 may be subject to criminal or civil penalties. *(A fraudulent insurance act is a crime in the District of Columbia, Kentucky and New Mexico.) (In Maine, criminal penalties may include imprisonment, fines, or denial of insurance benefits.)*

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.