

INSURED'S NAME: ABC Bank	BORROWER NAME: John Doe
Mailing Address:	Property Address:
Master Policy Number:	
Insured Loan Number:	

COMMITMENT/CERTIFICATE NO.	Commitment Effective Date: 02/18/2021	Commitment Term: 4 Months	Commitment Expiration Date: 06/18/2021
Base Loan Amount:	Original Value: \$550,000.00	Sales Price: \$560,000.00	Property Type: PUD - SFR Detached
	Loan Purpose: Purchase	Occupancy Type: Primary Residence	Loan-to-Value (LTV/CLTV): 81.45%/ 81.45%
Corporate Relocation: No	Loan Type: Fixed	Amortization Term: 360 Months	Balloon Term: N/A
Premium Plan Type: Monthly ADVANTAGE	Coverage Percentage: 12%	Paid Type: Borrower Paid	Loan Level Credit Score:

PREMIUM RATE INFORMATION:			
		Premium Rate	Premium Amount
Initial	Year 1	0.1400%	\$52.27
Renewal 1	Year 2-10	0.1400%	\$52.27
Renewal 2	Year 11-Term	0.1400%	\$52.27
Submission Type: Delegated	Refund Type: No Refund	Renewal Option: Constant	Total Amount Due Now: \$0.00

MASTER POLICY, ENDORSEMENTS AND SPECIAL INSTRUCTIONS
 This Commitment and Certificate of Insurance is issued under Master Policy form number AS08.12.01_03.20.

INSURED'S CERTIFICATION	ACTIVATION INSTRUCTIONS
Insured hereby certifies that (1) the loan transaction closed on the date shown below, (2) the information contained in the Application and herein is true and correct as of the Certificate Effective Date, (3) the terms and conditions of the Master Policy, Endorsements and Special Instructions, if any, have been satisfied, and (4) the premium indicated above has been paid to National Mortgage Insurance Corporation.	<p align="center">How to activate your National MI Certificate</p> <p>Step 1 ▪ Visit https://axis.nationalmi.com and update the Loan Closed Date OR ▪ Email the Loan Closed Date to servicing@nationalmi.com</p> <p>Step 2 ▪ Remit premium to National MI via ACH, Wire, or Check</p> <p align="center"><i>All plans, except the Monthly ADVANTAGE, require initial premium along with the loan closing date to activate coverage.</i></p>

LOAN AGGREGATOR:	SERVICING TRANSFERRED TO:
Name and Address:	Name and Address:
Loan Aggregator's Master Policy #	Servicing Transferee's Master Policy #
LOAN CLOSED DATE	FIRST PAYMENT DATE
	INSURED LOAN #
	Authorized Signer of Insured and Date

National Mortgage Insurance Corporation hereby agrees to insure the loan described above and in the related Application, subject to the terms and conditions of the specified Master Policy and the Endorsements and Special Instructions noted above, if any. The Certificate of Insurance shall become effective on the Certificate Effective Date or upon receipt of the required premium and Insured's Authorized Signature above.

 SIGNATURE OF NATIONAL MORTGAGE INSURANCE CORPORATION'S AUTHORIZED REPRESENTATIVE

 DATE

STATE	DISCLOSURES
AL, AK, AZ, CT, DE, GA, HI, ID, IL, IN, IA, MA, MI, MN, MS, MO, MT, NE, NV, NH, NC, ND, RI, SC, SD, TX, UT, WI, WY	WARNING: Notice to applicants: any person who knowingly and with intent to defraud any insurance company or another person that files an application for insurance or a statement of claim containing any materially false information, or that conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal penalties.
AR, NM, WV	Notice to Arkansas, New Mexico and West Virginia applicants: 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 fines and confinement in prison.
CA	Notice to California applicants: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
CO	Notice to Colorado applicants: 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, and/or 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 purpose 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 authorities.
DC	Notice to District of Columbia applicants - Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person, penalties includes imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
FL	Notice to Florida applicants: 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.
KS	Kansas applicants: an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.
KY	Notice to Kentucky applicants: any person who knowingly and with intent to defraud any insurance company or another person, files a 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, may be subject to criminal prosecution and civil penalties.
LA	Notice to Louisiana applicants: 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 fines and confinement in prison.
MD	Notice to Maryland applicants: 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.
ME	Notice to Maine applicants: it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
NJ	Notice to New Jersey applicants: any person who includes any false and misleading information on an application for an insurance policy is subject to criminal and civil penalties.
NY	Notice to New York applicants: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 (\$5,000) and the stated value of the claim for each such violation.
OH	Notice to Ohio applicants: any person who, with intent to defraud or knowing that he/she 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.
OK	Notice to Oklahoma applicants - 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 (365:15-10, 36 §3613.1).
OR	Notice to Oregon applicants: any person who knowingly and with intent to defraud any insurance company or another person that files an application for insurance or a statement of claim containing any materially false information, or that conceals, for the purpose of misleading, information concerning any fact material thereto, may have committed a fraudulent insurance act.
PA	Notice to Pennsylvania applicants: any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and civil penalties.
TN, VA, WA	Notice to Tennessee, Virginia and Washington applicants: 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.
VT	Notice to Vermont applicants: any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.