



# Reinstatement Request Form

Current Servicer/Insured:	Servicer Master Policy Number:	
Address:		
City:	State:	Zip Code:

CERTIFICATE NUMBER	BORROWER NAME (LAST, FIRST, MI)	SERVICER LOAN NUMBER	REASON FOR CANCELLATION

**REINSTATEMENT REQUEST INSTRUCTIONS**

To request a reinstatement please visit <http://n1.nationalmi.com> or complete this form and forward a signed copy to:

National Mortgage Insurance Corporation  
**Attn: Policy Servicing**  
 2100 Powell Street, 12<sup>th</sup> Fl.  
 Emeryville, CA 94608 or  
 FAX form to 510.858.0341

By: _____ <small>(AUTHORIZED SIGNATURE)</small>	Date: _____
Title: _____	Phone: (____) _____
Email address: _____	Fax: (____) _____