



LENDER MUST HOLD A MASTER POLICY

Application for Insurance

SUBMITTING LENDER

LENDER NAME: _____
 Originating Lender Address: _____
 Lender Loan#: _____

LENDER MASTER POLICY#: _____
 City: _____ State: _____ Zip: _____

BORROWER INFORMATION

BORROWER NAME: _____
 CO-BORROWER NAME: _____
 First Time Homebuyer: Yes No
 Self Employed: Yes No

INSURED PROPERTY ADDRESS: _____
 City: _____ State: _____ Zip: _____
 Unit #: _____ Property Type (Condo, SFR, etc.): _____

SUBMISSION INFORMATION

Online Submission: _____
 Enter Data Online at axis.nationalmi.com and upload documentation.
 To use online submission, you must have a user ID and password.
 Contact National MI to request a logon at: **855.317.4NMI (4664)**

Fax or Email Information to: _____
 Fax to: **510.858.0340**
 Contact your Sales Advisor should **secure** email submission be necessary

Is this application for a DELEGATED or NON-DELEGATED transaction or CONTRACT UNDERWRITING with MI?

MORTGAGE INSURANCE INFORMATION

BORROWER PAID MI

Coverage _____%
 Monthly ADVANTAGE
 Standard Monthly
 Annual
 Single
Refund Option:
 Non Refundable
 Refundable
Renewal Option:
 Level/Constant
 Amortized/Declining

LENDER PAID MI

Coverage _____%
 Monthly Premium MI
 Level Constant
Renewal Options:
 Level/Constant
 Amortized/Declining

**All Lender Paid Premiums
are Non Refundable**

GENERAL LOAN INFORMATION

Loan Amount (before financed MI): \$ _____
 Financed Premium: \$ _____
 Subordinate Financing Amount: \$ _____
 Existing Subordinate Financing
 New Subordinate Financing
(Allowed on AUS Approved loans only, not eligible on Manual UW loans)
 Loan Terms: _____ months (i.e. 120 (10 yr.), 180 (15 yr.), 360 (30 yr.))
Check all that apply:
 Construction/Permanent Loan
 Affordable Housing
 National MI Streamlined Refinance Cert: _____
 Representative Credit Score: _____

Fannie Mae Desktop Underwriter®
 Approve
 Refer
 Refer w/ Caution
 Out of Scope

Freddie Mac Loan Prospector®
 Accept
 Caution
 A-Minus

If ARM, send ARM disclosure OR complete this section:
 ARM TYPE: _____ Cap/Adj _____%
 INDEX: _____ Margin _____%
 Start Rate _____% Life Cap _____%
 Mos./1st Adj. _____

DU® or LP®
 Eligible
 Ineligible

If Temporary Buydown: 3-2-1% 1-0% 2-1-0% Other: _____
If Balloon: Years: _____

AUTHORIZED SIGNATURE

 AUTHORIZED SIGNATURE DATE PRINTED NAME
 Email address: _____ Fax#: _____ Phone Number: _____

PROPERTY STATE	DISCLOSURES
AL, AK, AZ, CT, DE, GA, HI, ID, IL, IN, IA, MA, MI, MN, MS, MO, MT, NE, NV, NH, NC, ND, OR, 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).
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.