

Initial Insured Name:



**Clear Form** 

## Application for Enact Mortgage Insurance (Delegated)

Submitting Org. #: B22222			Quote ID:		
Borrower Last Name:			Lender Loan #:		
Lender E-mail Address:			Lender Phone Number:		
For more information, call o	ur ActionCen	iter® at 800-444-5	664.		
Submission Informatio	n				
Online Submission:  Enter data online and upload associated documentation instead of using this form!  Log on to EnactMI.com		Complete This For Documents:  • URLA (Uniform Re Application, 1003)  • 1008 (Uniform Und Transmittal Summa	sidential Loan	Fax Documents to: Delegated & Specialized MI Support 800-890-3398  Email address: DSMI@EnactMI.com	
Mortgage Insurance Ir		General Loan Information			
Identify the type of mortgage insurance product, Borrower or Lender Paid:  Borrower Paid MI Or Lender Paid MI			If applicable, complete the sections below:  Borrower credit score:		
Coverage	Coverage O Monthly O Single P O Level An O Split Pre (Choose a O .50% O .75% O 1.00%	Premium MI remium MI remium MI inual Premium MI	O Refer with Caution  Loan Product Advis (select one) O Accept O Caution  Check all that apply:	redit score: See back  re:     (select one)     O Eligible     O Ineligible  ore:     (select one)     O Eligible     O Eligible     O Eligible     O Ineligible     O Relo	for more information.  ffering  pocation
Now, select your Refund Option (for Borrower Paid Only) and your Renewal Option:			<b>ARM, Temporary Buydown or Balloon:</b> Send ARM disclosure or complete this section.		
Refund Option: (Borrower Paid Only)  O Non Refundable O Refundable Renewal Option: O Level/Constant O Amortized/Declining  Complete the loan information to the right as it applies to your loan.  Authorization  Insured represents the Application, submitted under the terms of the applicable Policy, is true and compleomitted that makes other information provided untrue, inaccurate or incomplete, or the loan ineligible for a submitted that makes other information provided untrue, inaccurate or incomplete, or the loan ineligible for a submitted under the terms of the applicable Policy, is true and complete that makes other information provided untrue, inaccurate or incomplete, or the loan ineligible for a submitted under the terms of the applicable Policy, is true and complete that makes other information provided untrue, inaccurate or incomplete, or the loan ineligible for a submitted under the terms of the applicable Policy, is true and complete that makes other information provided untrue, inaccurate or incomplete, or the loan ineligible for a submitted under the terms of the applicable Policy, is true and complete that makes other information provided untrue, inaccurate or incomplete, or the loan ineligible for a submitted under the terms of the applicable Policy, is true and complete that makes other information provided untrue, inaccurate or incomplete, or the loan ineligible for a submitted under the terms of the applicable Policy.			Note: Ineligible product  ARM Type:  O 1/1  O 3/1  O 5/1  O 7/1  O Other:	If Temporary Buydown: O 3-2-1% O 2-1-0% O 1-0% O Other:	O 3 yr O 5 yr O 7 yr O 10 yr O Other:
Insured represents the Application, submitted und	rue, inaccurate or inconts. Any person who know	nplete, or the loan ineligible for owingly and with the intent to def	coverage. For Applications submitter raud any insurance company or oth	ed under our delegated underv ner person, files an application	vriting program, the loan meets for insurance or statement of claim

**Initial Insured Address:** 

Date

law. See State Fraud Warnings for state specific disclosures at EnactMl.com.

Authorized Signature (may be typed)

Lender Fax Number