

CMG MI Application for Insurance

CMG MI Master Policy #: _____ - _____ - _____ Customer Name: _____ <p style="text-align: center;">Fax to CMG MI: 888.763.2264 Phone: 888.746.6264</p>	CONTACT INFORMATION: Name: _____ Phone #: _____ Fax #: _____ Email Address: _____ Borrower Name(s): _____																								
MI APPLICATION: <input type="checkbox"/> Standard/Full <input type="checkbox"/> Pre-Qualification Standard/Full <input type="checkbox"/> EZ Application <input type="checkbox"/> Pre-Qualification EZ Application <input type="checkbox"/> Delegated Complete the following for all loans: Third Party Originated: <input type="checkbox"/> Yes <input type="checkbox"/> No Third Party Name: _____	LOAN PROGRAM INFORMATION: Program Name: _____ Relocation Loan: <input type="checkbox"/> Yes <input type="checkbox"/> No Loan Type: <input type="checkbox"/> Fixed <input type="checkbox"/> ARM <input type="checkbox"/> Other Balloon Term: _____ mos. 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. Purchase Price: \$ _____ Appraised Value: \$ _____ LTV (Loan to Value): _____ % Complete the following if an ARM: ARM Type: _____ Index Value: _____ Margin: _____ ARM 1 st /Next Interest Rate Adj: _____ / _____ mos. ARM 1 st /Next Interest Rate Cap: _____ / _____ %																								
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 (Renewal Type not applicable for CMG Single Premium) Premium Refund Type: <input type="checkbox"/> Refund <input type="checkbox"/> No Refund Premium Financed: <input type="checkbox"/> Yes <input type="checkbox"/> No Base Loan Amount: \$ _____ Premium Plan: <input type="checkbox"/> EZ Monthly SM <input type="checkbox"/> MONTHLY <input type="checkbox"/> Level Annual <input type="checkbox"/> CMG Single Premium	ADDITIONAL INFORMATION FOR CMG MI DELEGATED SUBMISSIONS <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Borrower Name(s)</th> <th style="width: 20%;">FICO</th> <th style="width: 20%;">Credit Source</th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td>#1 _____</td> <td>_____</td> <td>_____</td> <td rowspan="5" style="vertical-align: top; padding: 5px;"> <i>(Please use codes on page 2.)</i> Borrower #1: Gender _____ Ethnicity _____ Race _____ Borrower #2: Gender _____ Ethnicity _____ Race _____ Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Property County: _____ </td> </tr> <tr> <td>#2 _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>#3 _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>#4 _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>#5 _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="3">Overall Loan Rep FICO: _____</td> <td></td> </tr> </tbody> </table>	Borrower Name(s)	FICO	Credit Source		#1 _____	_____	_____	<i>(Please use codes on page 2.)</i> Borrower #1: Gender _____ Ethnicity _____ Race _____ Borrower #2: Gender _____ Ethnicity _____ Race _____ Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Property County: _____	#2 _____	_____	_____	#3 _____	_____	_____	#4 _____	_____	_____	#5 _____	_____	_____	Overall Loan Rep FICO: _____			
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<p>Customer represents that all of the information provided in this application is true, accurate and complete and conforms to applicable CMG MI program requirements in effect at the time of application. Insurance coverage is provided by CMG MI in reliance on the representations of the applicant. 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, New Mexico and New York.) (In Maine, criminal penalties may include imprisonment, fines or denial of insurance benefits.)</p>																									
SIGNATURE OF AUTHORIZED REPRESENTATIVE	PRINT NAME	DATE SIGNED																							



Required Documentation:

For Delegated Application:

1. Fully completed CMG MI Application for Insurance, signed and dated by authorized representative of the Master Policyholder.
2. Uniform Underwriting and Transmittal Summary (*Fannie Mae 1008/Freddie Mac 1077*)

For EZ Application:

1. Fully completed CMG MI Application for Insurance, signed and dated by 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 a one-repository, in-file credit report.
5. Residential Appraisal Report (refer to CMG MI Program guidelines for Appraisal requirements)

For Standard/Full Application:

1. Fully completed CMG MI Application for Insurance, signed and dated by 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 a one-repository, in-file credit report.
5. Residential Appraisal Report (refer to CMG MI Program guidelines for Appraisal requirements)
6. Sales Contract
7. Verification of Employment, if applicable
8. Verification of Income, if applicable
9. Verification of cash needed to close plus reserves, if applicable
10. Loan payment history, if not included in credit report (*for refinance and seasoned loans*)

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 fully completed CMG MI Application for Insurance, signed and dated by an authorized representative of the Master Policyholder and required documentation to:

CMG MI: 888.763.2264

Phone: 888.746.6264

CMG MI's applications for insurance are available on our Web site at www.cmqmi.com.