



# NEW YORK PMI Application for Insurance

PMI Master Policy #: _____ Company Name: _____ _____ Borrower Name(s): _____ _____	<b>CONTACT INFORMATION:</b> Name: _____ Phone#: ( _____ ) _____ Fax#: ( _____ ) _____ Email address: _____
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<b>MI APPLICATION:</b> <input type="checkbox"/> Standard/Full <input type="checkbox"/> Quick Application <input type="checkbox"/> PDQ®/Delegated <input type="checkbox"/> Pre-Qualification - Standard/Full <input type="checkbox"/> Pre-Qualification - Quick App  <b>Complete the following for all loans:</b> Third-Party Originated: <input type="checkbox"/> Yes <input type="checkbox"/> No Correspondent/Originator/Broker: _____ Investor: _____ Registration #: _____	<b>LOAN PROGRAM INFORMATION (CONT.):</b> Loan Type: <input type="checkbox"/> Fixed <input type="checkbox"/> ARM <input type="checkbox"/> Other Amortization Type: <input type="checkbox"/> Full (Positive) Amortization <input type="checkbox"/> Interest Only Balloon 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. 3/2 Down Payment Option: <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>AUTOMATED UNDERWRITING DECISION:</b> Fannie Mae Desktop Underwriter® (eligible) <input type="checkbox"/> Approve <input type="checkbox"/> Refer <input type="checkbox"/> Expanded Approval Level _____  Freddie Mac Loan Prospector® (eligible) Risk Class: <input type="checkbox"/> Accept <input type="checkbox"/> Caution <input type="checkbox"/> A-Minus	<b>Complete the following if an ARM:</b> Index Value: _____ Margin: _____ ARM 1st/Next Interest Rate Adj: _____ / _____ mos. ARM 1st/Next Interest Rate Cap: _____ / _____ %
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<b>LOAN PROGRAM INFORMATION:</b> Full Doc: <input type="checkbox"/> Standard <input type="checkbox"/> DU® <input type="checkbox"/> LP Program Name: _____ Customer Product Code: _____ Relocation Loan: <input type="checkbox"/> Yes <input type="checkbox"/> No Streamlined Refinance: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>MORTGAGE INSURANCE COVERAGE:</b> <input type="checkbox"/> Borrower-Paid MI <input type="checkbox"/> Lender-Paid MI MI Coverage: _____ % Renewal Type: <input type="checkbox"/> Constant <input type="checkbox"/> Amortizing Premium Financed: <input type="checkbox"/> Yes <input type="checkbox"/> No Base Loan Amount: \$ _____  <b>Premium Plan:</b> <input type="checkbox"/> pmiNU MONTHLY <sup>SM</sup> <input type="checkbox"/> Super Single <sup>SM</sup> - Refundable <input type="checkbox"/> MONTHLY <input type="checkbox"/> Super Single <sup>SM</sup> - Non Refundable <input type="checkbox"/> Level Annual
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**ADDITIONAL INFORMATION FOR PMI PARTNER DELIVERED QUALITY® DELEGATED SUBMISSIONS**

Borrower(s) Representative FICO: Borrower:    #1      #2      #3      #4      #5 _____ Overall Loan Rep FICO: _____ Nontraditional Credit Used to Qualify: <input type="checkbox"/> Yes <input type="checkbox"/> No Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Property County: _____ Manufactured Housing Chasis-Type? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Housing Expense: (If subject property is 2nd home/investment) \$ _____ Subject Property Gross Rent: (If 2-4 unit or investment property) \$ _____ (Please use codes on page 2.) Borrower #1: Gender _____ Ethnicity _____ Race _____ Borrower #2: Gender _____ Ethnicity _____ Race _____
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Customer represents that all the information provided in this application is correct and complete and conforms to applicable PMI program requirements in effect at the time of application. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

SIGNATURE OF AUTHORIZED REPRESENTATIVE/TITLE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_



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**REQUIRED DOCUMENTATION:****For PDQ®/Delegated App:**

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

**For Quick App:**

1. Fully completed PMI Application for Insurance, signed and dated by an 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 tri-merged report (*additional credit requirements may be applicable based on DU®/LP findings*)
5. Residential Appraisal Report (*additional appraisal requirements may be applicable based on DU/LP findings*)
6. Fannie Mae DU Findings/Freddie Mac LP Feedback (*if DU/LP approved*)

**For Standard/Full Submissions:**

1. Fully completed PMI Application for Insurance, signed and dated by an 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 tri-merged report (*additional credit requirements may be applicable based on DU/LP findings*)
5. Residential Appraisal Report (*additional appraisal requirements may be applicable based on DU/LP findings*)
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*)
11. Fannie Mae DU Findings/Freddie Mac LP Feedback (*if DU/LP approved*)

**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 TO A PMI REGIONAL OPERATIONS CENTER****For MI Only:**

Dallas, TX 866.649.9634  
**Downers Grove, IL 888.444.9792**

**For Contract or Contract with MI:**

Dallas, TX 800.735.7856  
**Downers Grove, IL 800.578.4764**

PMI's applications for insurance are available on our Web site at [www.pmi-us.com](http://www.pmi-us.com).