

MASTER POLICY INQUIRY

Please email the completed form to mpadmin@ugcorp.com.

GENERAL INFORMATION			
Lender Name:			
Address:			
City, State, ZIP:			
Phone #:			
Website Address:			
INSTITUTION TYPE			
<input type="checkbox"/> Money-Center Bank	<input type="checkbox"/> Member-Based Organization	<input type="checkbox"/> State Housing Finance Agency	<input type="checkbox"/> Builder-Owned Lender
<input type="checkbox"/> Bank: Regional or Community	<input type="checkbox"/> Mortgage Banker	<input type="checkbox"/> Internet-Sourced Lender	<input type="checkbox"/> Credit Union Service Organization (CUSO)
BUSINESS CHANNEL (PROVIDE %)			
<input type="checkbox"/> Internet	%	<input type="checkbox"/> Credit Union or CUSO	%
<input type="checkbox"/> Retail	%	<input type="checkbox"/> Correspondent	%
<input type="checkbox"/> Wholesale (Investor)	%		
OPERATIONAL INFORMATION			
NUMBER OF DEDICATED UNDERWRITERS ON STAFF			
NUMBER OF WAREHOUSE LINES			
Dollar Amount of Warehouse Lines			
Name(s) of Warehouse Lenders(s)			
PLEASE LIST THE OFFICERS OR OWNERS OF YOUR ORGANIZATION			
	OFFICER OR OWNER #1	OFFICER OR OWNER #2	OFFICER OR OWNER #3
Title			
First Name			
Last Name			
INVESTOR INFORMATION			
ARE YOU CURRENTLY APPROVED BY ANY OF THE LISTED ENTITIES?		REGULATORS	
<input type="checkbox"/> Fannie Mae Seller/Servicer #:		<input type="checkbox"/> Federal	<input type="checkbox"/> State
<input type="checkbox"/> Freddie Mac Seller/Servicer #:		<input type="checkbox"/> Not Applicable	
<input type="checkbox"/> FDIC	<input type="checkbox"/> Ginnie Mae	Name of Regulator	
<input type="checkbox"/> FHA	<input type="checkbox"/> NCUA		

KEY CONTACTS	
EXECUTIVE CONTACT	PROCESSING MANAGER
First Name:	First Name:
Last Name:	Last Name:
Title:	Title:
Phone #:	Phone #:
Email:	Email:
QUALITY CONTROL CONTACT	UNDERWRITING MANAGER
First Name:	First Name:
Last Name:	Last Name:
Title:	Title:
Phone #:	Phone #:
Email:	Email:
OPERATIONS MANAGER	OTHER KEY CONTACT
First Name:	First Name:
Last Name:	Last Name:
Title:	Title:
Phone #:	Phone #:
Email:	Email:

AUTHORIZATION

The Authorized Submitting Representative below requests United Guaranty to review this inquiry and begin the due diligence process for the issuance of a Master Policy to the Lender named in this inquiry. By submitting this inquiry, the Lender certifies that all the information entered is accurate and complete to the best of the Lender's knowledge. The Authorized Submitting Representative named below certifies that he/she has been duly authorized to submit this inquiry on behalf of the Lender. If there are any questions regarding this inquiry, please contact United Guaranty at 877.642.4642.

AUTHORIZED SUBMITTING REPRESENTATIVE
First Name:
Last Name:
Title:
Phone #:
Email:

Submission of this inquiry does not constitute Master Policy approval with United Guaranty. Additional information may be requested. A sales representative will contact you regarding your inquiry.

