



Application to Become Master Policyholder (Standard, Delegated and Servicing) for Both AMIC and AMGC

Arch Mortgage Insurance Company (AMIC) Arch Mortgage Guaranty Company (AMGC) Both

Lender Legal Name		
NMLS Number	FDIC/NCUA Number	Year Founded
Corporate Headquarters Address	City	State/ZIP
Mailing Address (if different from above)	City	State/ZIP
Phone		
Lender Type:	<input type="checkbox"/> Credit Union <input type="checkbox"/> Mortgage Banker <input type="checkbox"/> Service Corporation	<input type="checkbox"/> Credit Union Service Organization (CUSO) <input type="checkbox"/> National Bank <input type="checkbox"/> Federal or State Agency
		<input type="checkbox"/> Community Bank <input type="checkbox"/> Regional Bank
Mortgage Origination Channel/Percentage of Business by Channel: _____ % Correspondent _____ % Retail _____ % Wholesale		
Would you like to request approval for delegated underwriting authority? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please note that Delegated Authority is not applicable to AMGC. For more information, please access the Delegated Authority Manual on the Arch MI website: https://mortgage.archgroup.com/us/DelegatedProgramManual		
Would you like to request approval for Independent Validation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For more information, please access the Independent Validation Program Manual on the Arch MI website: https://mortgage.archgroup.com/us/IndependentValidationProgramManual-2020		

MI APPROVAL REQUESTED FOR: Origination Servicing Both (If Servicing, please see page 2.)

Transmissions delivered electronically through:	<input type="checkbox"/> LOS Interface	<input type="checkbox"/> EDI Direct	<input type="checkbox"/> CONNECT
Name of LOS Interface:			
LOS Technical Contact:			
_____	_____	_____	_____
Name (First, Middle, Last)	Title	Phone/Ext.	Email
Mortgage Insurance Primary Contact:			
_____	_____	_____	_____
Name (First, Middle, Last)	Title	Phone/Ext.	Email
Master Policy Contact:			
_____	_____	_____	_____
Name (First, Middle, Last)	Title	Phone/Ext.	Email
Independent Validation Contact:			
_____	_____	_____	_____
Name (First, Middle, Last)	Title	Phone/Ext.	Email

Do you have staff underwriter(s)? Yes No

If no, please provide name and location of outsourced underwriting:

Company Name City State Contact Name Phone

1. Provide the names of your current Investors: _____

Which of these Investors listed have granted your company delegated underwriting authority? _____

2. Please indicate if you plan to use Arch MI Contract Underwriting for your loans. Yes No

Note: If yes, a separate agreement is required prior to submitting your loans for Contract Underwriting.

3. Does your company use automated underwriting systems? Yes No

If yes, please indicate which ones: DU[®] LPASM Other, (please specify): _____

4. Provide the average years of experience of in-house staff underwriters (if any): 0–5 years 5–10 years 10+ years

Please identify with a checkmark the following policies and procedures that are currently in place:

Pre-closing and post-closing quality assurance, fraud prevention procedures.

Underwriting training (fraud, appraisal or other).

Vendor management procedures, including fulfillment services management.

Quality control procedures.

Appraisal management procedures: appraisal procurement and quality tracking.

Third-party origination management (if applicable).

Please note: If documented processes don't exist, we may call you to discuss these processes.

Underwriting or Credit Risk Contact:

Name (First, Middle, Last) Title Phone/Ext. Email

LENDER APPROVAL FOR LENDING/SERVICING WITH GSEs

Fannie Mae — Fannie Mae Seller/Servicer Number: _____

Freddie Mac — Freddie Mac Seller/Servicer Number: _____

REQUEST FOR SERVICING APPROVAL

Which servicing system(s) do you use? _____

Servicing Contact:

Name (First, Middle, Last) Title Phone/Ext. Email

LENDER INSTRUCTIONS

Please forward this questionnaire along with all requested documents to your Arch MI Account Manager. By submission of this application, Lender represents and/or warrants the correctness of all statements. Upon completion of our review, additional documentation may be requested.

Authorized Signature (Officer or above) Title Phone/Ext. Email

Please Print Full Name Date

By furnishing an email address and requesting issuance of a Master Policy, you are consenting to electronically receive any and all documents pertaining to your Master Policy. You may withdraw your consent to receive electronic records at any time by emailing us.

Please send the completed Master Policy Application to salesupport@archmi.com.