

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

Credit Union 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
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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
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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
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CREDIT UNION 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
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Please Print Full Name	Date
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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.