

Application for Mortgage Insurance (Account Report)

For Month of: _____ **Date of Submission:** _____

Master Policy Number: _____	Lender ID: _____
INSURED CONTACT INFORMATION	
Insured Name: _____	Contact Name: _____
Address: _____	Telephone: _____
_____	Facsimile: _____
Telephone: _____	Email Address: _____
INSURANCE COVERAGE INFORMATION	
MI Coverage Percentage: ____%	
Premium Plan: (Monthly Lender Paid Mortgage Insurance)	

ACCOUNT REPORT		
SUMMARY:		
A. Report of Outstanding Balances	# of Loans	Balance
Total Outstanding Loans and/or Lines At Beginning of Month		
New Outstanding Loans During Reporting Month		
Total Outstanding At End of Reporting Month		
Premium:		Total Premium Due
(Total Outstanding Balance at End of Reporting Month) X (Premium Rate Per \$1000)		
119,850.00 X 0.85/1000 =		
B. Delinquency Reporting		
Days Delinquent:	# of Loans	Balance of Delinquency
30–59 Days		
60–89 Days		
90 Days and Over		
Total		

Individual Account Reporting:

*See attached Exhibit A for listing of individual accounts and data

If mailing, please send this Account Report and Premium Remittance to:

Arch Mortgage Assurance Company

[230 North Elm Street, Greensboro, NC, 27401] [Address of Designated Agent]

ADDITIONAL NOTES

In consideration of the payment of premium set forth above for each Account, the Company hereby agrees to pay the Insured, as their interests may appear, sums representing the financial loss by reason of non-payment of principal, interest and other sums agreed to be paid, all subject to all the Terms and Conditions of the specified Master Policy between the Insured and the Company. Changes in the above figures can only be made by the Company. This Account Report is submitted under the above numbered Master Policy, except as indicated on any endorsement noted, and does not amend or alter any of the Terms and Conditions thereof. At the end of the Account coverage term, the renewal premium billing will automatically be sent. By paying initial premium, the Insured hereby certifies to the Company (1) the loan was duly closed on the date set forth above, or any attachment hereto, or as otherwise communicated to the Company, and (2) the information provided to the Company, including but not limited to the information listed above or on any attachment pertaining to the Insured, the loan transaction and the insurance is correct.

Any person who knowingly and with the 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 fact material thereto, may be subject to criminal and civil liability for penalties under state and/or federal law.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Maryland and Louisiana: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York: 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 fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

Maine, Tennessee, Virginia, and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefit.