



Application to Become Master Policyholder for Second Lien Program — Arch Mortgage Assurance Company (AMAC)

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: Credit Union Credit Union Se Mortgage Banker National Bank Service Corporation Federal or State	ervice Organization (CUSO) Agency	☐ Community Bank ☐ Regional Bank			
Second Lien Mortgage Origination Channel Percentage of Business by Channel: % Correspondent	t% Retail%	% Wholesale			
Existing AMI Master Policy Holder? Yes No	Existing AMI Master Policy Number				
How long has the lender been making second lien loans?					
2. What geographic area does the lender serve?					
3. What is the anticipated insured loan volume during the next 12 months? \$					
4. What is the anticipated second lien loan type mix? Closed-End % Open-End %					
5. Do you have Home Equity Line Management procedure documentation? Yes No If Yes, please provide documentation.					
Do you have staff underwriter(s) for second lien? Yes No If No, please provide name and location of outsourced underwriting:					
Company Name	City	State			
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 for second lien: 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.					
Francie Mae — Fannie Mae Seller/Servicer Number:					
Freddie Mac — Freddie Mac Seller/Servicer Number:					





Home Equity Contact:					
Name (First, Middle, Last)	Title	Phone/Ext.	Email		
Underwriting or Credit Risk Contact:					
Name (First, Middle, Last)	Title	Phone/Ext.	Email		
Master Policy Contact:					
Name (First, Middle, Last)	Title	Phone/Ext.	Email		
Reporting Contact:					
Name (First, Middle, Last)	Title	Phone/Ext.	Email		
Servicing Contact:					
Name (First, Middle, Last)	Title	Phone/Ext.	Email		

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.

 ${\it Please send the completed Master Policy Application to sales support@archmi.com.}$