

SUBMIT THIS FORM
“Refundable PMI”
(Personal Mortgage Insurance)
(Optional Return-of-all-Premiums Benefit Approved in most States)
CUSTOMER MORTGAGE INSURANCE PROFILE

CUSTOMER INFO:

#1 Mortgagor: _____ **DOB:** _____ **Male** **Female**

Home Telephone: _____ **Work Telephone:** _____

Cell Phone: _____ **Fax:** _____ **E-mail:** _____

#2 Co-Mortgagor: _____ **DOB:** _____ **Male** **Female**

Home Telephone: _____ **Work Telephone:** _____

Cell Phone: _____ **Fax:** _____ **E-mail:** _____

LOAN INFO:

1st Trust Mortgage Loan Amount \$ _____ **Origination Date:** _____

2nd Trust Mortgage Loan Amount \$ _____ **Origination Date:** _____

Coverage Amount Desired: \$ _____ **15 Years** **20 Years** **25 Years** **30 Years**

Premium Rate Guarantee: 5 Years **15 Years** **30 Years**

#1 Mortgagor: Cigarette Smoker – Yes **No** **Nicotine Use – Yes** **No**

#2 Mortgagor: Cigarette Smoker – Yes **No** **Nicotine Use – Yes** **No**

OPTIONAL RIDER COVERAGES:

#1 Mortgagor: **#2 Mortgagor:**

Return of all premiums rider

Accidental death rider - \$ _____

Co-mortgagor i.e. additional insured rider

***Critical Illness Rider \$** _____ **(Base Insured Only)**

***Accident/Sickness (Disability Income) rider**

Monthly Mortgage Payment \$ _____

*** Premiums can be 10-20% lower if applicants are willing to fill out additional paperwork, wait 60 days for policy issue, have a MVR pulled, complete a resting EKG, blood draw, a para-med/doctor exam, a urine specimen (HOS), and financial inspection.**