

Toll-Free FAX:

MGIC Mortgage Services, LLC



Phone:

NMLS #391375

**Contract Services Request**

**Submitting Lender Identification**

Lender Name _____	MGIC Master Policy Number _____
Loan Number _____	
Contact Name _____	
Phone Number _____	FAX Number _____
E-mail Address _____	

**Investor Identification**

Complete if Applicable	
Investor _____	
<input type="checkbox"/> Broker	<input type="checkbox"/> Correspondent
Registration Number _____	Program/Product _____

**Services Requested — Check All That Apply (Forms Required)**

<input type="checkbox"/> MGIC Mortgage Insurance (MI Application and 1003/1008)
<input type="checkbox"/> Contract Underwriting (refer to investor requirements)
<input type="checkbox"/> Other _____

**Loan Data — Complete All Applicable Fields**

Borrower's Name _____				
Property Type	<input type="checkbox"/> Detached	<input type="checkbox"/> Attached	<input type="checkbox"/> Low Rise	<input type="checkbox"/> High Rise Condo
	<input type="checkbox"/> PUD	<input type="checkbox"/> Co-Op	<input type="checkbox"/> 2-4 Family	<input type="checkbox"/> Other
Appraised Value or Sales Price if Point of Sale	Balloon?	Term	Buydown	Buydown Start Rate
\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	\$ _____	_____
ARM's - if applicable				
Index Value _____	Margin _____	Mos. Between Rate Adj. _____	Per Adjustment Rate Cap _____	
Index Name _____	Mos. to 1st Rate Adj. _____	First Adjustment Rate Cap _____	Life Cap _____	

Special Instructions: \_\_\_\_\_

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