

## COMMITMENT/CERTIFICATE

Mortgage Guaranty Insurance Corporation, 270 E. Kilbourn Avenue, Milwaukee, Wisconsin 53202 (the "Company"), hereby agrees to insure the loan identified below, subject to: (1) the Insured's activation of coverage and timely payment of the initial premium; (2) the terms and conditions of the Master Policy; (3) the Endorsements, Notes and Conditions below, if any, and in reliance on the Application, supporting documentation and the Insured's representations.

<b>Commitment/Certificate #</b> <b>60413264</b>	<b>Loan Number</b> <b>123456789</b>	<b>Quote ID</b> <b>XXXXXX</b>
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INSURED'S PRINCIPAL PLACE OF BUSINESS		ORDERED BY	
<b>Master Policy Number</b>	99-999-9-9999	<b>MGIC ID Number</b>	99-999-9-9999
<b>Name and Address</b> Smart Lending Company - Portfolio A 444 Wisconsin Street Madison, WI 53711		<b>Name and Address</b> Smart Lending Company - Portfolio A 444 Wisconsin Street Madison, WI 53711	

LOAN INFORMATION			
<b>Borrower Name(s)</b> HOMEBUYER JANE	<b>LTV / CLTV / HCLTV</b>		95.00 / 95.00 / 95.00
	<b>Amort Period / Loan Term</b>		360 / 360
<b>Subject Property Address</b> 244 WISCONSIN ROAD MILWAUKEE, WI 53201	<b>Representative Credit Score</b>		780
	<b>Fixed Rate</b>		Y
	<b>Loan Purpose</b>		Purchase
	<b>Occupancy Type</b>		Primary Home
<b>Base Loan Amount</b>	\$190,000.00	<b>Number of Units</b>	1
<b>Financed Premium Amount</b>	\$0.00	<b>Sales Price</b>	\$200,000.00
<b>Total Loan Amount</b>	\$190,000.00	<b>Original Value</b>	\$210,000.00

INSURANCE INFORMATION		PREMIUM RATE	RATE	RATE W/TAX	
<b>Commitment/Certificate #</b>	60413264	<b>1st Year Rate</b>	.380		
<b>Commitment Effective Date</b>	03/06/2020	<b>Renewal Rate yrs 2-10</b>	.380		
<b>Commitment Expiration Date</b>	07/06/2020	<b>Renewal Rate yrs 11-Term</b>	.200		
<b>LTV Category</b>	95%				
<b>Coverage %</b>	Top 30%	<b>PREMIUM TAX/ASSESSMENT</b>	<b>AUTHORITY</b>	<b>RATE</b>	
<b>Premium Type</b>	Monthly/ZOMP - BPMI	<b>State</b>			
<b>Premium Refundability</b>	Non-Refundable	<b>County</b>			
<b>Renewal Option</b>	Constant	<b>Municipality</b>			
		<b>PREMIUM AMOUNT</b>	<b>MI PREMIUM</b>	<b>TAX</b>	<b>TOTAL</b>
		<b>Initial Monthly Premium</b>	\$60.17		\$60.17
		<b>Premium Due to Activate</b>	\$0.00		\$0.00

**Thank you for choosing MGIC.**

<b>Master Policy Number</b>	<b>99-999-9-9999</b>	<b>Commitment/Certificate #</b>	<b>60413264</b>
<b>ENDORSEMENTS AND NOTES</b>			

- 1 This Commitment/Certificate is insured under Mortgage Guaranty Master Policy 71-70384 (03/20).
- 2 This Commitment/Certificate is issued subject to the State Variation Endorsement 71-70404 (03/20).
- 3 This loan qualifies for Valuation Defect rescission relief under section 17 of the Master Policy.
- 4 This loan will qualify for full rescission relief under section 17(c) (ii) of the Master Policy when the borrower has made the first 12 loan payments on time from the Borrower's Own Funds.
- 5 MGIC reviewed the loan documentation provided for compliance with the MGIC Underwriting Guidelines under Non-Delegated Underwriting. The insured remains responsible for the accuracy and validity of the submitted documents and for determining compliance with the MGIC Underwriting Guidelines of any information not submitted.

<b>CONDITIONS</b>
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**Endorsements and Notes Messages**

- 1 This message will appear on any Commitment/Certificate issued under the 2020 Master Policy.
- 2 This message will appear when the Master Policyholder's principal place of business is located in a state listed on the State Variations Endorsement.
- 3 This message will appear when the loan received property value rescission relief.
- 4 This message will appear for non-delegated loans that receive early rescission relief under the Closing Document Exception.
- 5 This message will appear for non-delegated loans insured under the 2020 Master Policy.

<b>INSURED'S REPRESENTATIONS</b>
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By activating the insurance coverage, the Insured represents that: 1) the loan transaction, as described above, has been closed; 2) the loan information in this Commitment/Certificate (C/C) is true and correct as of the Certificate Effective Date and the Company can rely on it in extending coverage to the loan; 3) the conditions, if any, identified on this C/C have been satisfied; 4) the Application and supporting documentation are true and complete in all material respects and the Insured has no knowledge of any material changes in the Application information or supporting documentation as of the Certificate Effective Date; 5) if the Application was submitted under the Company's delegated program, the loan meets the Underwriting Guidelines in all material respects; and 6) there is no information in the Origination File or Closing File that is materially inconsistent with the Application, supporting documentation or the loan information above.

<b>ADDITIONAL INFORMATION AND INSTRUCTIONS</b>
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Any assignment of the servicing of the loan or rights of the Insured under the C/C must be in accordance with the terms and conditions of the Master Policy. To activate the insurance coverage, follow the instructions provided on the Activation Notice. All capitalized terms herein shall have the same meaning as set forth in the Master Policy.

# Activation Notice

To activate MGIC mortgage insurance, notify us within 15 days of loan closing. Loan must close on or before the Commitment Expiration Date.

<b>Commitment/Certificate #</b>	<b>60413264</b>	<b>Commitment Expiration Date</b>	<b>07/06/2020</b>
<b>Borrower Name(s)</b> HOMEBUYER JANE		<b>MGIC ID Number</b>	<b>99-999-9-9999</b>
<b>Subject Property Address</b> 244 WISCONSIN ROAD MILWAUKEE, WI 53201		<b>Ordered By</b> Smart Lending Company - Portfolio A 444 Wisconsin Street Madison, WI 53711	

Prior to activation, please verify all information on the Commitment/Certificate and report any discrepancies to your local MGIC Underwriting Service Center. Go to [www.mgic.com](http://www.mgic.com) for contact information.

Premium Due to Activate .....

**\$0.00**

IF NO PREMIUM IS DUE, YOU MAY ACTIVATE MGIC MORTGAGE INSURANCE ONLINE BY LOGGING IN AT [WWW.MGIC.COM](http://WWW.MGIC.COM)

**TO ACTIVATE MGIC MORTGAGE INSURANCE USING THIS FORM, COMPLETE THE FOLLOWING**  
(Note: Only send this Activation Notice. Keep the Commitment/Certificate for your records.)

1. **Provide the Loan Closing Date** .....  
(This is the Certificate Effective Date unless MGIC accepts another date.)

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2. **Verify the Loan Number** .....  
(If inaccurate, please provide the correct number.)

**123456789**

3. **Complete the following information if Servicing has transferred.**

**Servicer Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City/State** \_\_\_\_\_

4. **If no premium is due, fax this completed Activation Notice to 800-711-6442.**

**If premium is due, mail this completed Activation Notice with Premium Due to Activate to:**

MGIC  
P.O. Box 488  
Milwaukee, WI 53201-0488

*Thank you for your business.*

**TO CANCEL COMMITMENT PRIOR TO EXPIRATION, COMPLETE THE FOLLOWING**

1.  Check box to indicate Commitment should be cancelled.
2. Fax this form to 800-711-6442.