

Instructions: Please download the form to your computer, open in Adobe® Reader®, complete and save, then email as attachment to clientservices@essent.us\*

# Enhanced Clarity of Coverage Options Request Form

Date	Master Policyholder Name	MP#, if known	
Street Address, City, ST, Z	IP		

#### **NON-DELEGATED SUBMISSIONS**

### Non-Delegated Enhanced Clarity of Coverage -- Collateral

Every application you submit on a non-delegated basis will automatically be reviewed for Enhanced Clarity of Coverage under Essent's Non-Delegated Endorsement unless you OPT OUT of reviews for all submissions. To OPT OUT only, check the box below and click on the Submit by Email button at the top right of the page.

I am Opting Out of Non-Delegated Enhanced Clarity of Coverage -- Collateral

## Non-Delegated Post-Close Enhanced Clarity of Coverage -- Underwriting

Indicate by checking the box below to OPT IN for Essent's post-close review of non-delegated loans. Under this option, you are required to submit the entire closing package, and any changes to the origination file since Essent's approval, for validation by Essent (see Enhanced Clarity of Coverage Guide for document list).

To OPT IN, check the box below and click on the Submit by Email button at the top right of the page.

Yes, I am Opting in for Non-Delegated Enhanced Clarity of Coverage -- Underwriting

# DELEGATED SUBMISSIONS

Delegated Post-Close Enhanced Clarity of Coverage -- Collateral and Underwriting

Indicate by checking the box below to OPT IN for Essent's Enhanced post-close review of delegated loans. Under this option, you are required to submit the entire origination and closing package for validation by Essent (See Enhanced Clarity of Coverage Guide for document list).

To OPT IN, check the box below and click on the Submit by Email button at the top right of the page.

Yes, I am Opting In for Delegated Enhanced Clarity of Coverage -- Collateral and Underwriting

# **TO CHANGE OPT IN STATUS**

If at any time you wish to OPT OUT of Post-Close Review, please email your request to Client Services at clientservices@essent.us

## CONTACT INFORMATION FOR DOCUMENT DELIVERY PROCESS SET-UP

Name	Email	
Title	Phone Nu	ımber

A member of Essent's Customer Integrations Team will contact the individual designated above to establish the document delivery process, testing protocol and official start date.

#### **AUTHORIZATION**

I am authorized to execute this Consent. I agree on behalf of my company to abide by the terms\_and conditions provided by Essent Guaranty, Inc. in the Mortgage Guaranty Insurance Master Policy with Clarity of Coverage<sup>®</sup> and related endorsements and the Enhanced Clarity of Coverage Guide. I understand that I may change my Company's OPT IN or OPT OUT status for future submissions by providing 10- day advance written notice to Essent's Client Services department at clientservices@essent.us.

Name	Email		
Title	Phone Number		

\*If you prefer, you can print, complete, scan and send the form via email to clientservices@essent.us or print and mail to Client Services, Essent Guaranty Inc., 101 S. Stratford Road, Winston-Salem, NC 27104.

lf	you	have	any	questions,	please	contact	your	Essent	Account	Manager
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