

Real Estate Professional Profile

Revised 12/15/2005

NOTE: IF PAYING COMPANY, NAME SHOULD BE AS STATED FOR TAX PURPOSES INCLUDING IF THE COMPANY IS INCORPORATED

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|---|--|------------------------|-------|
| Company Name | | Date ____/____/____ | |
| Address(<input type="checkbox"/> I would like my payment mailed to this address) | | City | State |
| | | Zip Code | |
| Telephone Number () - | | Fax Number () - | |

NOTE: IF PAYING PROFESSIONAL PROVIDE NAME AS STATED BY THE IRS FOR TAX PURPOSES

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|---|---------------------------------------|--|-------------------------------------|
| Real Estate Professional Name (RE Prof.) | | | |
| RE Professional Address (if different than above) (<input type="checkbox"/> I would like my payment mailed to this address) | | City | State |
| | | Zip Code | |
| RE Professional Direct Business Line () - | RE Prof. Home Phone Number () - | RE Professional Fax # (if different than above) () - | |
| RE Professional Pager Number () - | RE Prof. Mobile Phone Number () - | RE Prof. License Number/State / | License Exp. Date ____/____/____ |

CHOOSE ONE FOR PAYMENT:

| | |
|--|--|
| IMPORTANT! If payment should be made to the COMPANY, provide the corporate Tax ID#. | IMPORTANT! If payment should be made to the RE PROFESSIONAL, provide the Social Security #. |
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|---|--|
| Would you be willing to use the Internet to receive and prepare CMA Orders? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please state reason. If Yes, please provide the E-Mail Address of the person who will be receiving/distributing CMA Orders to the Agents: | |
| Please select one form of Communication: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Phone Call <input type="checkbox"/> Fax and E-mail <input type="checkbox"/> Phone Call and E-mail <input type="checkbox"/> Phone Call and Fax | |

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|--|--|--|--|--|--|
| Please list the names of the CITIES you cover. DO NOT give zip codes unless you provide partial coverage of a city, then list the city along with the zip code(s) covered and note that this is "partial coverage only". (For example: You may provide coverage for 2 zip codes within a city that consists of 6 zip codes). | | | | | |
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PLEASE FAX BACK TO: 1-800-851-4181

The undersigned real estate broker/real estate agent ("Broker") acknowledges and agrees that all information provided to Broker in connection with the services to be performed by Broker ("Services") for MGIC Investor Services Corporation ("MGIC") is confidential information. Confidential information includes, but is not limited to, the subject property address and the name(s) and telephone number(s) of the subject property owner(s) and occupant(s). Broker agrees (i) to keep all such information confidential, using reasonable efforts to protect against the unauthorized access to or use of such information, (ii) to use such information solely for the purpose of completing the Services, (iii) not to use the information for Broker's own benefit or the benefit of any third person or entity, and (iv) not to disclose such information to any person other than as required in connection with the Services, or with the prior consent of MGIC, or as required by applicable law or legal process. Broker agrees to notify MGIC if Broker becomes aware of any unauthorized use or disclosure of confidential information.

 (Signature)