CONTACT LIST

Primary Contact for Annual Recertification
First and Last Name_____
Title _____
Phone _____
Email _____

Has there been any changes to the Principal Operating Officers of this company? _____
If YES, Please submit updated resumes for company officers to HOL.ContractMgmt@IHFA.ORG

Has there been any changes to the Lead Underwriter of this company? _____
If YES, Please submit an updated resume for the Lead Underwriter to HOL.ContractMgmt@IHFA.ORG

(Broker Partners Only) Has there been any changes to the Brokers of this company? _____
If YES, Please submit updated resumes for the Brokers to HOL.ContractMgmt@IHFA.ORG

Has there been any updates to the QC Plan of this company since initial certification? _____
If YES, Please submit an updated QC Plan to HOL.ContractMgmt@IHFA.ORG

Primary Contact for Purchase Suspense Conditions

First and Last Name_____
Title _____
Phone _____
Email _____

Escalation Contact for Purchase Suspense Conditions

First and Last Name _____
Title _____
Phone _____
Email _____

Primary Contact for Trailing Docs (Title Policy, Mortgage/Deed of Trust, etc)

First and Last Name _____
Title _____
Phone _____
Email _____

Escalation Contact for Trailing Docs (Title Policy, Mortgage/Deed of Trust, etc)

First and Last Name _____
Title _____
Phone _____
Email _____

Primary Contact for Quality Assurance Conditions

First and Last Name _____
Title _____
Phone _____
Email _____

Escalation Contact for Quality Assurance Conditions

First and Last Name _____
Title _____
Phone _____
Email _____

FHA Insurance Contact for FHA Case Transfers

First and Last Name _____
Title _____
Phone _____
Email _____

Post Purchase Reimbursements and Purchase Corrections Contact

First and Last Name _____
Title _____
Phone _____
Email _____

Hazard and Flood Insurance Contact

First and Last Name _____
Title _____
Phone _____
Email _____

Additional Contact

First and Last Name _____
Title _____
Phone _____
Email _____

Additional Contact

First and Last Name _____
Title _____
Phone _____
Email _____

Additional Contact

First and Last Name _____
Title _____
Phone _____
Email _____