

MORTGAGE INSURANCE CLAIM FOR LOSS

DATE OF CLAIM SUBMISSION:		
1. Insurance Type: <input type="checkbox"/> Primary	2. Claim Type: <input type="checkbox"/> Initial <input type="checkbox"/> Supplemental <input type="checkbox"/> Other	
3. CERTIFICATE NUMBER:	4. Servicer Loan Number:	
5. Current Servicer/Insured:	6. Servicer Master Policy Number:	
7. Address:	8. State:	
9. City:	10. Zip Code:	
11. Borrower Name (Last, First MI):	12. Coverage %:	13. Coverage Type:
14. Property Address (Including City, State, Zip):		
15. Servicer Name (If Different than Insured's):		16. Servicer Loan Number:
17. Servicer Address (If Different than Insured, including City, State, Zip):		
18. Payee Name (If Different than Insured's Name):		19. Payee Loan Number:
20. Payee Address (If Different than Insured, including City, State, Zip):		
21. Investor Name (If Different than Payee's Name):		22. Investor Loan Number:

CLAIMABLE ITEMS:

23. Unpaid Principal Balance: (Interest Paid Through _____ / _____ / _____)	\$ _____
24. Accumulated Interest: (From _____ / _____ / _____) to _____ / _____ / _____) = _____ days @ _____ %	\$ _____
25. Partial Forbearance Unpaid Principal Balance	\$ _____
26. Accumulated Interest: (From _____ / _____ / _____) to _____ / _____ / _____) = _____ days @ _____ %	\$ _____
27. Sub-total Principal and Interest (Line 23 through 26)	\$ _____
TOTAL	\$ _____

EXPENSE INFORMATION:			
TYPE	DATE PAID	DESCRIPTION	AMOUNT
28. Attorney's Fees	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
		TOTAL	\$ _____
29. Property Taxes	_____	_____	\$ _____
	_____	_____	\$ _____
		TOTAL	\$ _____
30. Hazard Insurance Premium	_____	_____	\$ _____
	_____	_____	\$ _____
		TOTAL	\$ _____
31. Property Preservation Costs	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
		TOTAL	\$ _____
32. Statutory Disbursements	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
		TOTAL	\$ _____
33. Other Disbursements	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
		TOTAL	\$ _____
34. Sub-total Claimable Items (Total Lines 27 - 33)		TOTAL	\$ _____

DEDUCTIBLE ITEMS:	
35. Escrow Account Balance	\$ _____
36. Net Rental Proceeds	\$ _____
37. Pledged Savings, Buydowns, or other funds held for Insured	\$ _____
38. Insurance Proceeds (Hazard Refunds/Primary Claim Payments)	\$ _____
39. Other Deductions (Attach Explanation/Net Sales Proceeds)	\$ _____
40. Sub-Total Deductible Items (Total Lines 35-39)	\$ _____
41. Total Claim Amount (Line 34 Minus Line 40)	\$ _____
42. Less Adjustments if any (Attach Explanation)	\$ _____
(POLICY ENDORSED ADVANCES/ADVANCE CLAIM PAYMENTS)	
43. Adjusted Claim Amount (Line 41 Minus Line 42)	\$ _____
44. Comments:	

EXPENSE INFORMATION:

45. REQUIRED ENCLOSURES:

- Evidence of Good and Merchantable Title
- Loan Payment History
- Rent or Receiver Account History
- Copy of Original Note
- Original Trust Deed or Mortgage
- Original Purchase Agreement
- Expense Documentation
- Closing Statement from Recent Sale
- Complete Closing File
- Complete Origination File
- Docs Pertaining to Preservation and/or Deficiency Judgment
- Copy of Servicing Screen Display and/or Docs Pertaining to Loan Information
- Any Collateral Value Information
- Identity of the Third Party Beneficiary

ADDITIONAL ENCLOSURES (IF APPLICABLE):

- Copy of Any Hazard Claim Settlements (if applicable)
- Copy of All Foreclosure Documents (if applicable)
- Bankruptcy Documents (if applicable)
- Original First Lien Title Policy (if applicable)
- Buydown Agreement (if applicable)
- Assumption Agreement (if applicable)
- Modification Agreement (if applicable)

46. Is Property Vacant Occupied If occupied, name of occupant. _____
Key to property can be obtained from _____
Phone No: _____

PROPERTY STATE	DISCLOSURES
AL, AK, AZ, CT, DE, GA, HI, ID, IL, IN, IA, MA, MI, MN, MS, MO, MT, NE, NV, NH, NC, ND, OR, RI, SC, SD, TX, UT, WI, WY	WARNING: Notice to applicants: any person who knowingly and with intent to defraud any insurance company or another person that files an application for insurance or a statement of claim containing any materially false information, or that conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal penalties.
AR, NM, WV	Notice to Arkansas, New Mexico and West Virginia applicants: any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
CA	Notice to California applicants: any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
CO	Notice to Colorado applicants: it is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, and/or denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory authorities.
DC	Notice to District of Columbia applicants - Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person, penalties includes imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
FL	Notice to Florida applicants: any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
KY	Notice to Kentucky applicants: any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, may be subject to criminal prosecution and civil penalties.
LA	Notice to Louisiana applicants: any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
MD	Notice to Maryland applicants: any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
ME	Notice to Maine applicants: it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
NJ	Notice to New Jersey applicants: any person who includes any false and misleading information on an application for an insurance policy is subject to criminal and civil penalties.
NY	Notice to New York applicants: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.
OH	Notice to Ohio applicants: any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
OK	Notice to Oklahoma applicants - Warning: any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365:15-10, 36 §3613.1).
PA	Notice to Pennsylvania applicants: any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.
TN, VA, WA	Notice to Tennessee, Virginia and Washington applicants: it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
VT	Notice to Vermont applicants: any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

CLAIM AUTHORIZATION

I hereby certify that the statements contained herein are true, correct and complete. I understand that a claim will not be complete until all applicable documents have been received by the insurer. We are not aware of any facts indicating that the property is or might be subject to any environmental contamination or hazard, except as disclosed in accompanying attachments.

47. _____
AUTHORIZED SIGNATURE

48. _____
CONTACT NAME (TYPE)

49. _____
TITLE/DEPARTMENT

50. _____
PHONE