

Claim For Loss

1. Insurance Type <input type="checkbox"/> Primary <input type="checkbox"/> Pool		2. Claim Type <input type="checkbox"/> Initial <input type="checkbox"/> Supplemental <input type="checkbox"/> Other		3. Date This Claim Submitted	
4. Insured's Name			5. Insured's Loan Number		
6. Insured's Address				7. Certificate Number	
8. City		State	Zip	9. Master Policy Number	
10. Borrower Name(s)			11. % Coverage	12. Type Coverage	
13. Property Address		City	State	Zip	
14. Servicer Name (If different from Insured's Name)			15. Servicer Loan Number		
16. Servicer Address		City	State	Zip	
17. Payee Name (If different from Insured's Name)			18. Payee Loan Number		
19. Payee Address		City	State	Zip	
20. Investor Name (If different from Payee's Name)			21. Investor Loan Number		
Claimable Items:					
22. Unpaid Principal Balance		(Interest paid through ___/___/___)		\$ _____	
23. Accumulated Interest:				\$ _____	
From ___/___/___		to ___/___/___	=	_____ Days @ _____	
24. Sub-total Principal and Interest (Line 22 plus Line 23)				\$ _____	
Expense Information:					
25. Attorney's Fees				\$ _____	
26. Property Taxes				\$ _____	
27. Hazard Insurance Premiums				\$ _____	
28. Property Preservation Costs				\$ _____	
29. Statutory Disbursements				\$ _____	
30. Other Disbursements				\$ _____	
31. Sub-total Claimable Items (Total Lines 24 through 30)				\$ _____	
Deductible Items:					
32. Escrow Account Balance				\$ _____	
33. Net Rental Proceeds				\$ _____	
34. Pledged Savings, Buydowns, or Other Funds Held for Insured				\$ _____	
35. Insurance Proceeds				\$ _____	
36. Other Deductions (Attach Explanation)				\$ _____	
37. Sub-total Deductible Items (Total Lines 32 through 36)				\$ _____	
38. Total Claim Amount (Line 31 minus Line 37)				\$ _____	
39. Less Adjustments, if any (Attach Explanation)				\$ _____	
40. Adjusted Claim Amount (Line 38 minus Line 39)				\$ _____	
41. Comments:					
42. ARM Interest Rate Information: Unpaid Principal Balance (from line 22) \$ _____					
	Rate %	From	To	Number of Days	Amount
1	____%	___/___/___	___/___/___	_____	\$ _____
2	____%	___/___/___	___/___/___	_____	\$ _____
3	____%	___/___/___	___/___/___	_____	\$ _____
4	____%	___/___/___	___/___/___	_____	\$ _____
Expense Information:					
Type	Date Paid	Description	Amount		
43. Attorney's Fees		_____	\$ _____		
		_____	\$ _____		
		_____	\$ _____		
Total (Enter on Line 25)			\$ _____		
44. Property Taxes					
Tax Period	___/___ to ___/___	_____	\$ _____		
Tax Period	___/___ to ___/___	_____	\$ _____		
Tax Period	___/___ to ___/___	_____	\$ _____		
Total (Enter on Line 26)			\$ _____		

Type	Date Paid	Description	Amount
45. Hazard Insurance Premiums			
Effective	/ / to / /	_____	\$ _____
Effective	/ / to / /	_____	\$ _____
Effective	/ / to / /	_____	\$ _____
Total (Enter on Line 27)			\$ _____
46. Property Preservation Costs			
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
Total (Enter on Line 28)			\$ _____
47. Statutory Disbursements			
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
Total (Enter on Line 29)			\$ _____
48. Other Disbursements			
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
Total (Enter on Line 30)			\$ _____
49. Required Enclosures:		Additional Enclosures (If Applicable):	
<input type="checkbox"/> Loan Payment History from default		<input type="checkbox"/> Copy of Primary MI Claim for Loss, settlement check, and EOB, if applicable	
<input type="checkbox"/> BPO/Appraisals claimed			
50. Is property <input type="checkbox"/> vacant or <input type="checkbox"/> occupied? If occupied, please state name of occupant: _____			
Key to property may be obtained from: _____ Phone: (____) _____			
51. Foreclosure sale or property transfer date: ____/____/____ Foreclosure bid amount: \$ _____			
Successful bidder: _____			
52. Bankruptcy filings (if applicable):			
Chapter _____	File Date ____/____/____	Release Date ____/____/____	
Chapter _____	File Date ____/____/____	Release Date ____/____/____	
<p>WARNING: Any person who knowingly and with intent to defraud any insurance company files an insurance application and/or a claim for the payment of loss containing any incomplete, false, misleading or fraudulent information, or such person conceals any material information for the purpose of misleading the company, thereby commits insurance fraud and is or may be guilty of a crime. Such person may be subject to fines, civil and/or criminal penalties, denial of benefits and/or imprisonment.</p> <p>WARNING: ME, TN, VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties for such an act include imprisonment, fines and denial of benefits.</p> <p>WARNING: NY: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."</p> <p>WARNING: DC: "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 include 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."</p> <p>WARNING: CA: For your protection California law requires the following to appear on this form. 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.</p> <p>WARNING: AZ: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is subject to criminal and civil penalties.</p>			
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 subject property is or might be subject to any environmental contamination or hazard, except as disclosed in accompanying attachments.			
53. Authorized Signature		54. Contact Name (Type or Print)	
_____		_____	
55. Title/Department		56. Phone	
_____		_____(____)_____	
57. Email			
