



CLAIMS FAX NUMBER: (336) 723-1001

EMAIL ADDRESS: defaults@tgc.com

FORECLOSURE SALE RESULTS

Please fax or email this form to Triad Guaranty within 7 days of the foreclosure sale date.

Certificate Number: _____ Servicer Loan Number: _____

Borrower Name: _____

Foreclosure Sale Date: _____ Redemption Expiration Date
(if applicable): _____

Investor Name: FNMA FHLMC Other (List Name and Address)
Name: _____
Address: _____
Investor Loan Number: _____

Estimated Total Debt: _____ Final Bid at Sale: _____

Successful Bidder: _____

Current Market Value of Property: _____ Date Completed: _____
 Appraisal* Interior BPO* Exterior BPO* (Check One)

**For value reimbursement, please include a copy of the BPO/Appraisal with your claim-for-loss submission.*

Listing Agent's Name: _____

Listing Agent's Telephone Number: _____

List Price of Subject Property: _____

Triad Guaranty Insurance Corporation
101 South Stratford Road
Winston-Salem, NC 27104

Post Office Box 2300
Winston Salem, NC 27102
(800) 628-4744 ext. 7003 / (336) 723-1282 ext. 7003

TGIC.0138.0408