



P.O. Box 2300
Winston Salem, NC 27102

NOTICE OF DEFAULT

In accordance with our Master Policy, we hereby notify Triad Guaranty Insurance Corporation that the Borrower named below has defaulted in the monthly payments on the loan insured under the Master Policy and Certificate described herein.

MI CERTIFICATE NUMBER		SERVICER LOAN NUMBER		
SERVICER NAME				
SERVICER ADDRESS	Street	City	State	Zip Code

Investor (Check One): FHLMC FNMA OTHER

Mortgagor Name:	First	Middle	Last	Mortgagor Social Security Number
Co-Mortgagor Name:	First	Middle	Last	Co-Mortgagor Social Security Number
Property Address	Street	City	State	Zip Code
Mailing Address If Different	Street	City	State	Zip Code
Home Phone Number			Work Phone Number	

CURRENT PRINCIPLE BALANCE (exclude all delinquent, interest, etc)			Total Delinquent Amount			
LOAN DUE FOR DATE	Month	Day	Year	BANKRUPTCY	File Date	Chapter

REASON FOR NONPAYMENT (Check One)

- Unemployment
- Business Failure
- Casualty Loss
- Servicer Problem (Explain Below)
- Marital Problems
- Temporary Loss of Income
- Moved/Vacated
- Illness
- Bankruptcy
- Dissatisfaction w/Property
- Energy/Environment Costs
- Death
- Excessive Use of Credit

IS THIS A FIRST PAYMENT DEFAULT?

- Yes
- No

OCCUPANCY STATUS (Check One)

- Mortgagor
- Tenant
- Vacant

DATE OF LAST MORTGAGE CONVERSION:	Month	Day	Year
-----------------------------------	-------	-----	------

SERVICER'S NEXT ACTION WILL BE (Check One):

- Loan Modification/Workout
- Foreclosure
- Pending Refinance
- Recommended Mortgagor List for Sale
- Negotiate Payment Plan
- Offer to Take Voluntary Conveyance (DIL)
- Promise to Pay--Date: (If available)

DESCRIBE SERVICER'S COLLECTION EFFORTS:

SERVICER CONTACT

SERVICER PHONE NUMBER	EXTENTION	DATE
-----------------------	-----------	------