

# Claim Form

*Put on Lender's Letterhead*

Date

Master Policy Number  
Certificate #  
Date Guaranteed Issued:  
Claim Date

Property Name  
Property Address

Insured / Lender  
Contact Name  
Lender Loan #  
Mailing Address

Borrower  
Contact Name

Mailing Address

Phone Number  
E-Mail Address

Phone Number  
E-Mail Address

Servicer (if diff. from Insured's Name)  
Contact Name  
Servicer Loan #  
Mailing Address

Payee (if diff. from Insured's Name)  
Contact Name  
Payee Loan #  
Mailing Address

Phone Number  
E-Mail Address

Phone Number  
E-Mail Address

Original Loan Amount  
Original Guarantee Percentage  
Maximum Guarantee Limit

Property Access  
Contact Name  
Contact Number

Foreclosure Sale Date  
Foreclosure Bid / Sale Amount  
Successful bidder

**CLAIMABLE ITEM:**

Unpaid Principal Balance  
Accrued Interest  
Original Guarantee Percentage  
Principle Coverage

As of Principal Date:  
Interest From Date:  
Interest To Date:  
Days

**ADD: Expense Information**

Attorney Fees  
Preservation of Property Expenses  
Foreclosure Expenses

SubTotal

Max. Allowed

Property Taxes + Special Assessments  
Hazard Premium Insurance  
SubTotal - Additional Claimable Items

**SUBTRACT: Deductible Information**

Restoration Expenses  
Deductible  
Escrow Account Balance  
Net Rental Proceeds  
Cash held by lender as security for the loan  
Insurance Proceeds  
Other Deductions  
SubTotal - Deductible Items

Total Claim Amount

LESS: Adjustments, if any  
**Adjusted Claim Amount**

**Claim Amount**

CLAIMABLE ITEM:

Net Sale Proceeds

Balance Loss or (Gain)

-

SUBTRACT: Deductible Information

**Claim Amount - (if positive)**

-

**Comments:**

**Expense Information:**

Type	Date Paid	Description	Amount
Accrued Interest		Unpaid Balance Rate Days / Year Daily Rate Days Allowed to Accrue Interest Total Accrued Interest	
Attorney Fees	1 2 3		Total (Enter Above)
Preservation Costs	1 2 3		Total (Enter Above)
Foreclosure Expense:	1 2 3		Total (Enter Above)
Property Taxes	Tax Period Tax Period Tax Period		Total (Enter Above)
Hazard Insurance	Insured Period Insured Period Insured Period		Total (Enter Above)
Other Allowed Expenses			Total (Enter Above)

**Required Enclosures**

Enclosed (Y or N)

- 1 Loan History Statement, beginning with when the loan was originated.
- 2 If claim based on other than foreclosure sale, provide explanation and documentation.

- 3 Itemize all expenditures that you are requesting payment for and include a copy of statement or billing, itemizing in detail all services performed or goods supplied.
- 4 Broker Opinion Letter or Appraisal
- 5 Statement on condition of the property

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.

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.

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 material 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 state value of the claim for each such violation."

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 included 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."

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.

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.

**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.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail