

Uniform Mortgage Insurance - Claim for Loss Form

Mortgage Guaranty Insurance Corporation • P.O. Box 525, Milwaukee, WI 53201-0525



Insured Information

Insurance Type

1. Primary Pool

Mortgage Insurance Company Name

3. Mortgage Guaranty Insurance Corporation

Mortgage Insurance Company Address

5. P.O. Box 525, Milwaukee, WI 53201

Insured's Name

7. _____

Address

9. _____

City State Zip

11. _____

Borrower Information

Borrower Name(s)

13. _____

Property Address

16. _____

Servicer Information

Servicer Name (If different than Insured's name)

17. _____

Servicer Address (If different than Insured's address)

19. _____

Payee Information

Payee Name (If different than Insured's name)

20. _____

Payee Address (If different than Insured's address)

22. _____

Investor Information

Investor Name (If different than Payee's name)

23. _____

Claim Type

2. Initial Supplemental
 Other _____

Date This Claim Submitted

4. _____ / _____ / _____

Mortgage Insurer Telephone Number

6. 1- 800 - 424 - 6442

Insured's Loan Number

8. _____

Certificate Number

10. _____

Master Policy Number

12. _____

% Coverage

Type Coverage

14. _____ % 15. _____

City State Zip

Servicer Loan Number

18. _____

City State Zip

Payee Loan Number

21. _____

City State Zip

Investor Loan Number

24. _____

Claimable Items

25. Unpaid Principal Balance (Amortizing UPB) Interest paid through ____ / ____ / ____ \$ _____
 Accumulated Interest (See line 49 for additional entries):
 (from ____ / ____ / ____ to ____ / ____ / ____ = ____ Days @ %) \$ _____
 (from ____ / ____ / ____ to ____ / ____ / ____ = ____ Days @ %) \$ _____
 (from ____ / ____ / ____ to ____ / ____ / ____ = ____ Days @ %) \$ _____
 Accumulated Interest Subtotal from Line 49 \$ _____
 Accumulated Interest Total \$ _____

26. Partial Forbearance Unpaid Principal Balance
 Accumulated Interest:
 (from ____ / ____ / ____ to ____ / ____ / ____ = ____ Days @ %) \$ _____

27. Subtotal Principal and Interest (Line 25 Plus Line 26) \$ _____

Expense Information

28. Attorney's Fees \$ _____
 29. Property Taxes (Paid Through) (____ / ____ / ____) \$ _____
 30. Hazard Insurance Premiums (Paid Through) (____ / ____ / ____) \$ _____
 31. Property Preservation Costs \$ _____
 32. Statutory Disbursements \$ _____
 33. Other Disbursements (Condo Fees/Misc. Expenses) \$ _____
 34. Subtotal Claimable Items (Total Lines 27 Through 33) \$ _____

Deductible Items

35. Escrow Account Balance \$ _____
 36. Net Rental Proceeds \$ _____
 37. Pledged Savings, Buydowns, or Other Funds Held for Insured \$ _____
 38. Insurance Proceeds \$ _____
 39. Other Deductions (Attach Explanation) \$ _____
 40. Subtotal Deductible Items (Total Lines 35 Through 39) \$ _____
 41. Total Claim Amount (Line 34 Minus Line 40) \$ _____
 42. Less Adjustments, if any (Attach Explanation) \$ _____
 43. Adjusted Claim Amount (Line 41 Minus Line 42) \$ _____

44. Comments

For your protection California law requires the following to appear on this form: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

The following statement applies to insured parties residing in and to those who make claims with respect to insured loans secured by properties located in New York: ANY PERSON WHO KNOWINGLY AND WITH THE 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 BE ALSO SUBJECT TO A CIVIL PENALTY OF UP TO \$5,000 AND THE STATED VALUE OF EACH CLAIM.

Other states have laws that apply to insured parties and to those who make claims with respect to properties located In their respective areas which: MAKE IT A CRIME FOR PERSONS WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILE A STATEMENT OF CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION. SUCH PERSONS ARE SUBJECT TO CRIMINAL AND CIVIL PENALTIES INCLUDING PROSECUTION AND PUNISHMENT FOR INSURANCE FRAUD WHICH MAY BE A FELONY. PENALTIES MAY INCLUDE FINES, IMPRISONMENT AND/OR DENIAL OF INSURANCE BENEFITS. OUR FINDINGS MUST BE REPORTED TO THE APPLICABLE REGULATORY AGENCY IF REQUIRED.

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.

45. _____ 46. _____
 Authorized Signature Contact Name/Title
 47. _____ 48. (_____) _____ - _____
 eMail Address Phone

Claimable Items

49.	ARM Interest Rate Information: Unpaid Principal Balance (from line 25)				\$ _____
	Rate	from	to	Number of Days	
	1. _____ %	_____ / _____ / _____	_____ / _____ / _____	_____	\$ _____
	2. _____ %	_____ / _____ / _____	_____ / _____ / _____	_____	\$ _____
	3. _____ %	_____ / _____ / _____	_____ / _____ / _____	_____	\$ _____
	4. _____ %	_____ / _____ / _____	_____ / _____ / _____	_____	\$ _____
				Subtotal (enter on Line 25)	\$ _____

Expense Information

	Type	Date Paid	Description	Amount
50.	Attorney's Fees	_____	_____	\$ _____
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
			Total (enter on Line 28)	\$ _____
51.	Property Taxes	_____	_____	\$ _____
		_____	_____	_____
			Total (enter on Line 29)	\$ _____
52.	Hazard Insurance Premiums	_____	_____	\$ _____
		_____	_____	_____
			Total (enter on Line 30)	\$ _____
53.	Property Preservation Costs	_____	_____	\$ _____
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
			Total (enter on Line 31)	\$ _____
54.	Statutory Disbursements	_____	_____	\$ _____
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
			Total (enter on Line 32)	\$ _____
55.	Other Disbursements	_____	_____	\$ _____
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
			Total (enter on Line 33)	\$ _____

Documentation

56.	Required Enclosures	Additional Enclosures (If Applicable)
	<input type="checkbox"/> Evidence of Good and Merchantable (or Marketable) Title	<input type="checkbox"/> Rent or Receiver Account History
	<input type="checkbox"/> Loan Payment History	<input type="checkbox"/> Bankruptcy Documents
	<input type="checkbox"/> Copy of Origination Package	<input type="checkbox"/> Buydown Agreement
	<input type="checkbox"/> Copy of Collection and Loss Mitigation Notes	<input type="checkbox"/> Assumption Agreement
		<input type="checkbox"/> Closing Statement from Most Recent Sale
		<input type="checkbox"/> Loan Modification Agreements
		<input type="checkbox"/> Documents Pertaining to Preservation and/or Establishment of Deficiency Judgment
		<input type="checkbox"/> Copy or Primary MI Claim for Loss and Settlement Check
		<input type="checkbox"/> Expense Documentation
		<input type="checkbox"/> Copy of Original Note
		<input type="checkbox"/> Copy of Documents Commencing Foreclosure

Property Contact Information

57. Vacant or Occupied? If occupied, please state name of occupant: _____

Key to property may be obtained from _____ telephone (_____) _____ - _____