

Uniform Mortgage Insurance Claim for Loss		For Insurer Use Only <b>MGIC</b>	
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. Mortgage Insurance Company Name <b>Mortgage Guaranty Insurance Corporation</b>		4. Date This Claim Submitted	
5. Mortgage Insurance Company Address <b>P.O. Box 525, Milwaukee, WI 53201-0525</b>		6. Mortgage Insurer Telephone Number <b>800-272-4071</b>	
7. Insured's Name		8. Insured's Loan Number	
9. Address		10. Certificate Number	
11. City	State	Zip Code	12. Master Policy Number
13. Borrower Name(s)		14. % Coverage	15. Type Coverage
16. Property Address (Including City, State and Zip Code)			
17. Servicer Name (if Different than Insured's Name)		18. Servicer Loan Number	
19. Servicer Address (Including City, State and Zip Code)      (If Different than Insured)			
20. Payee Name (If Different than Insured's Name)		21. Payee Loan Number	
22. Payee Address (Including City, State and Zip Code)      (If Different than Insured)			
23. Investor Name (If Different than Payee's Name)		24. Investor Loan Number	

**Claimable Items:**

25. Unpaid Principal Balance (Interest paid through \_\_\_\_/\_\_\_\_/\_\_\_\_ ) \$ \_\_\_\_\_

26. Accumulated Interest: \_\_\_\_\_  
 (From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ = \_\_\_\_\_ Days @ \_\_\_\_\_ %)

**27. Sub-Total 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. Sub-Total 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 (Hazard Refunds/Primary Claim Payments) \_\_\_\_\_

39. Other Deductions (Attach Explanation/Net Sales Proceeds) \_\_\_\_\_

**40. Sub-Total Deductible Items (Total Lines 35 Through 39)** \$ \_\_\_\_\_

**41. Total Claim Amount (Line 34 Minus Line 40)** \$ \_\_\_\_\_

**42. Less Adjustments, if any (Attach Explanation)** \$ \_\_\_\_\_  
 (Policy Endorsed Advances/Advance Claim Payments)

**43. Adjusted Claim Amount (Line 41 Minus Line 42)** \$ \_\_\_\_\_

44. Comments

**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. \_\_\_\_\_  
Authorized Signature

46. \_\_\_\_\_  
Contact Name (Type or Print)

47. \_\_\_\_\_  
Title/Department

48. ( \_\_\_\_\_ )  
Phone

<b>49. ARM Interest Rate Information:</b>	Unpaid Principal Balance (from line 25)			\$ _____
				Amount
	Rate	From	To	Number of Days
1.	_____ %	____/____/____	____/____/____	_____
2.	_____ %	____/____/____	____/____/____	_____
3.	_____ %	____/____/____	____/____/____	_____
4.	_____ %	____/____/____	____/____/____	_____
				Total (enter on Line 26)
				\$ _____

<b>Expense Information:</b>			
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)	\$ _____

- |  |   |
|--|---|
| <b>56. Required Enclosures:</b><br><input type="checkbox"/> Evidence of Good and Merchantable (or Marketable) Title<br><input type="checkbox"/> Loan Payment History<br><input type="checkbox"/> Expense Documentation<br><input type="checkbox"/> Copy of Original Note<br><input type="checkbox"/> Copy of Original HUD-1 Statement<br><input type="checkbox"/> Copy of Documents Commencing Foreclosure | <b>Additional Enclosures (If Applicable):</b><br><input type="checkbox"/> Rent or Receiver Account History<br><input type="checkbox"/> Bankruptcy Documents<br><input type="checkbox"/> Buydown Agreement<br><input type="checkbox"/> Assumption Agreement<br><input type="checkbox"/> Closing Statement from Most Recent Sale<br><input type="checkbox"/> Documents Pertaining to Preservation and/or Establishment of Deficiency Judgement<br><input type="checkbox"/> Copy of Primary MI Claim for Loss and Settlement Check |
|--|---|
- MGIC FLEXCLAIM SIMPLIFIED REQUIRES NO DOCUMENTS**

57. Is property  vacant or  occupied?: If occupied, please state name of occupant: \_\_\_\_\_  
 Key to property may be obtained from \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**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 ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.**

**Other jurisdictions 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 TO FILE A STATEMENT OF CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION. SUCH PERSONS ARE SUBJECT TO PROSECUTION AND PUNISHMENT FOR INSURANCE FRAUD. PENALTIES MAY INCLUDE FINES AND/OR IMPRISONMENT.**

**Among these jurisdictions are: Alaska, Arkansas, Colorado, Delaware, District of Columbia, Florida, Idaho, Indiana, Kentucky, Maine, Nevada, New Hampshire, New Jersey, New Mexico, Ohio, Oklahoma, Pennsylvania and Virginia.**