

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

Claim Type

2. Initial Supplemental
 Other

Mortgage Insurance Company Name

3. **Mortgage Guaranty Insurance Corporation**

Date This Claim Submitted

4. / /

Mortgage Insurance Company Address

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

Mortgage Insurer Telephone Number

6. **1-800-424-6442**

Insured's Name

7.

Insured's Loan Number

8.

Address

9.

Certificate Number

10.

City

11. State Zip

Master Policy Number

12.

Borrower Information

Borrower Name(s)

13.

% Coverage

14. %

Type Coverage

15.

Property Address

16.

City

State Zip

Servicer Information

Servicer Name (If different than Insured's name)

17.

Servicer Loan Number

18.

Servicer Address (If different than Insured's address)

19.

City

State Zip

Payee Information

Payee Name (If different than Insured's name)

20.

Payee Loan Number

21.

Payee Address (If different than Insured's address)

22.

City

State Zip

Investor Information

Investor Name (If different than Payee's name)

23.

Investor Loan Number

24.

Claimable Items

25.	Unpaid Principal Balance (Amortizing UPB)	Interest Paid Through	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$	<input type="text"/>
	Accumulated Interest (See line 49 for additional entries):				
	(from <input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/> = <input type="text"/> Days @ <input type="text"/> %)			\$	<input type="text"/>
	(from <input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/> = <input type="text"/> Days @ <input type="text"/> %)			\$	<input type="text"/>
	(from <input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/> = <input type="text"/> Days @ <input type="text"/> %)			\$	<input type="text"/>
				Accumulated Interest Total	\$ <input type="text"/>
26.	Partial Forbearance Unpaid Principal Balance			\$	<input type="text"/>
27.	Subtotal Principal and Interest (Line 25 Plus Line 26)				\$ <input type="text"/>

Expense Information

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

Deductible Items

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

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 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 states have laws that apply to insured parties and to those who make claims with respect to properties located there that: **MAKE IT A CRIME FOR PERSONS WHO KNOWINGLY AND WITH THE INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY, FILE A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY 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. I am not aware of any facts indicating that the subject property is or might be subject to any physical damage, environmental contamination or hazard, except as disclosed in accompanying attachments.

45.	<input type="text"/>	46.	<input type="text"/>
	Authorized Signature		Contact Name/Title
47.	<input type="text"/>	48.	(<input type="text"/>) <input type="text"/> - <input type="text"/>
	E-mail 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"/> Documents Pertaining to Preservation and/or Establishment of Deficiency Judgment |
| <input type="checkbox"/> Loan Payment History | <input type="checkbox"/> Bankruptcy Documents | <input type="checkbox"/> Copy or Primary MI Claim for Loss and Settlement Check |
| <input type="checkbox"/> Copy of Origination Package | <input type="checkbox"/> Buydown Agreement | <input type="checkbox"/> Expense Documentation |
| <input type="checkbox"/> Copy of Collection and Loss Mitigation Notes | <input type="checkbox"/> Assumption Agreement | <input type="checkbox"/> Copy of Original Note |
| | <input type="checkbox"/> Closing Statement from Most Recent Sale | <input type="checkbox"/> Copy of Documents Commencing Foreclosure |
| | <input type="checkbox"/> Loan Modification Agreements | |

Property Contact Information

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

Key to property may be obtained from: _____ Telephone (_____) _____ - _____