

Claim Form

Mortgage Guaranty Insurance Corporation • MGIC Indemnity 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**
MGIC Indemnity 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.

Claim Form

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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 Total							\$	_____	
26.	Partial Forbearance Unpaid Principal Balance								\$	_____
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			

AK, DE, ID, IN, OK - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

AL, AR, CT, GA, Guam, HI, IA, IL, KS, LA, MA, MD, MI, MO, MS, MT, NC, ND, NE, NJ, NM, NV, OH, OR, RI, SC, SD, TX, UT, VT, WI, WV, WY - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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 payment of a loss is subject to criminal and civil penalties.

CA - For your protection California law requires the following statement to appear on this form. Any person who knowingly presents false or fraudulent

information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

CO - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DC - WARNING: 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 include 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.

FL - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KY - Any person who knowingly and with intent to defraud any insurance company or other person files an application or a statement of claim for insurance 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.

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 include imprisonment, fines and denial of insurance benefits.

MN - A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NH - Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud.

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 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.

PA - 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 subjects such person to criminal and civil penalties.

PR - Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Certification

I hereby certify that the submission of this Claim is a representation that the Claim and all materials submitted are complete and accurate and that all conditions precedent to Claim submission under the applicable Master Policy have been met.

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

Claim Worksheet

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Claimable Items

49. ARM Interest Rate Information:										\$
	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. For documentation requirements, refer to MGIC's Servicing Guide.

Property Contact Information

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

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