

Uniform Mortgage Insurance Claim for Loss		For Insurer Use Only	
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		4. Date This Claim Submitted	
5. Mortgage Insurance Company Address		6. Mortgage Insurer Telephone Number	
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 \_\_\_\_\_

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 \_\_\_\_\_

39. Other Deductions (Attach Explanation) \_\_\_\_\_

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) \$ \_\_\_\_\_

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

47. \_\_\_\_\_ 48. (\_\_\_\_\_) \_\_\_\_\_  
Title/Department Phone



49. ARM Interest Rate Information:

Unpaid Principal Balance (from line 25)

\$

Rate	From	To	Number of Days	Amount
1. %	/ /	/ /		\$
2. %	/ /	/ /		
3. %	/ /	/ /		
4. %	/ /	/ /		
Total (enter on Line 26)				\$

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)	\$

56. Required Enclosures:

Additional Enclosures (If Applicable):

☐ Evidence of Good and Merchantable (or Marketable) Title

☐ Loan Payment History

☐ Expense Documentation

☐ Copy of Original Note

☐ Copy of Original HUD-1 Statement

☐ Copy of Documents Commencing Foreclosure

☐ Rent or Receiver Account History

☐ Bankruptcy Documents

☐ Buydown Agreement

☐ Assumption Agreement

☐ Closing Statement From Most Recent Sale

☐ Documents Pertaining to Preservation and/or Establishment of Deficiency Judgment

☐ Copy of Primary MI Claim for Loss and Settlement Check

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 Jersey: 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.

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, Delaware, Florida, Idaho, Indiana, Nevada, New Hampshire, New York and Ohio.