

MORTGAGE IMPAIRMENT CLAIM REPORTING FORM

LENDER (INSURED) NAME:		
Addres	S:	CONTACT NAME:
PHONE:	FAX:	EMAIL:
THE FOL	LOWING ARE NECESSARY IN SUBMITTING A MORTGAGE IMPAIRN POLICY NUMBER:	MENT CLAIM:
0	Property Address:	
0	DATE OF LOSS OR APPROXIMATE:	_
0	TYPE OF LOSS (PHYSICAL DAMAGE, ERROR, REAL ESTATE TAXES, ET	C):
0	DESCRIPTION OF DAMAGE (IF PHYSICAL DAMAGE LOSS):	
0	If a Physical Damage Loss : Include a copy of all insualong with an explanation as to why there was no ins	
0	If the claim is due to Physical Damage to a mortgage amount the mortgage payments are overdue and the <i>A</i>	
0	IF A LIABILITY LOSS : INCLUDE A COPY OF ANY WRITTEN CLAIM OF DETAILS FOR ANY SUCH CLAIM ALONG WITH ANY ADDITION	
0	Information on the mortgagor prior to and at the time escrowing, loan standing, etc and any other informations.	·
0	ORIGINAL LOAN DATE AND LOAN AMOUNT:	
0	OUTSTANDING LOAN BALANCE AT THE TIME OF THE LOSS:	
0	IF A RECENT APPRAISAL WAS PERFORMED PROVIDE THE CURREI	NT MARKET VALUE PAGE

PLEASE NOTE:

*There may be a request for additional information that is specific to this loss. It is imperative that this information be provided as soon as possible in writing.

*WITHIN TWO WEEKS OF THE RECEIPT OF THIS INFORMATION, A REPRESENTATIVE FROM THE CARRIER WILL FORWARD ACKNOWLEDGEMENT BY MAIL TO THE CONTACT PERSON INDICATED ABOVE.