

MORTGAGE IMPAIRMENT CLAIM REPORTING FORM

LENDER (INSURED) NAME: _____

ADDRESS: _____ CONTACT NAME: _____

PHONE: _____ FAX: _____ EMAIL: _____

THE FOLLOWING ARE NECESSARY IN SUBMITTING A MORTGAGE IMPAIRMENT CLAIM:

- POLICY NUMBER: _____
- PROPERTY ADDRESS: _____
- DATE OF LOSS OR APPROXIMATE: _____
- TYPE OF LOSS (PHYSICAL DAMAGE, ERROR, REAL ESTATE TAXES, ETC): _____
- DESCRIPTION OF DAMAGE (IF PHYSICAL DAMAGE LOSS): _____
- IF A **PHYSICAL DAMAGE LOSS**: INCLUDE A COPY OF ALL INSURANCE DOCUMENTS FOR THE INVOLVED MORTGAGE ALONG WITH AN EXPLANATION AS TO WHY THERE WAS NO INSURANCE IN FORCE AT THE TIME OF LOSS.
- IF THE CLAIM IS DUE TO **PHYSICAL DAMAGE** TO A MORTGAGED PROPERTY, INCLUDE HOW LONG AND IN WHAT AMOUNT THE MORTGAGE PAYMENTS ARE OVERDUE AND THE ACCRUED INTEREST:

- IF A **LIABILITY LOSS**: INCLUDE A COPY OF ANY WRITTEN CLAIM OR DEMAND RECEIVED BY THE INSURED. A SUMMARY OF DETAILS FOR ANY SUCH CLAIM ALONG WITH ANY ADDITIONAL FACTS SURROUNDING THE POSSIBLE CLAIM.
- INFORMATION ON THE MORTGAGOR PRIOR TO AND AT THE TIME OF THE LOSS, INCLUDING AND INFORMATION ON ESCROWING, LOAN STANDING, ETC AND ANY OTHER INFORMATION THAT THE INSURED FEELS IS RELEVANT.
- ORIGINAL LOAN DATE AND LOAN AMOUNT: _____
- OUTSTANDING LOAN BALANCE AT THE TIME OF THE LOSS: _____
- IF A RECENT APPRAISAL WAS PERFORMED PROVIDE THE CURRENT 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.

EMAIL COMPLETED FORMS TO: CLAIMSKY@LEEANDMASON.COM
PHONE #: 888.685.8442