

BLANKET/MORTGAGE HAZARD CLAIM DIVISION

BLANKET MORTGAGE CLAIM:		MORTGAGE HAZARD CLAIM:	
	NSURED/LENDER:		
INSURED CONTACT:		CERTIFICATE DATES	- I NCEPTION:
PHONE #:		EXPIRATION:	
		CERTIFICATE #:	
PROPERTY OWNER/BORROWER:			
PHONE #:		ALT. PHONE #:	
		OWER):	
		EMAIL ADD	
CHECK ONE OF EACH (
1) DWELLING	OR BUILDING	3) BLANKET	
2) VACANT	OR OCCUPIED	4) 1 st Mortgage	OR 2 ND MORTGAGE
PRIOR INSURANCE CAI POLICY NUMBER:			
PRIOR INSURANCE CAP POLICY NUMBER: EFFECTIVE DATE OF COPHONE #: FACTS OF LOSS: DATE OF LOSS:	OVERAGE: FROM:	To: To:	
PRIOR INSURANCE CAPOLICY NUMBER: EFFECTIVE DATE OF COPHONE #: FACTS OF LOSS: DATE OF LOSS: DAMAGES:	OVERAGE: FROM:	To: To:	
PRIOR INSURANCE CAP POLICY NUMBER: EFFECTIVE DATE OF COPY OF NOTE • COPY OF CANCE PRIOR INSURANCE CAP PRIOR	DVERAGE: FROM: BY: PLEASE INCLUDE THE FICE OF INSURANCE CELLATION/EXPIRATION OF	To: To: DATE OF DISCOVERY: DATE REP	PORTED:
PRIOR INSURANCE CAP POLICY NUMBER: EFFECTIVE DATE OF COPY OF NOTI COPY OF THE F	DVERAGE: FROM: BY: PLEASE INCLUDE THE FICE OF INSURANCE CELLATION/EXPIRATION OF	DATE OF DISCOVERY: DATE REP FOLLOWING WITH YOUR CL F PRIOR INSURANCE RT OR ANY PICTURES OF TH	PORTED:

EMAIL CLAIMS TO CLAIMSKY@LEEANDMASON.COM