



# BLANKET/MORTGAGE HAZARD CLAIM DIVISION

<b>BLANKET MORTGAGE CLAIM:</b>	<b>MORTGAGE HAZARD CLAIM:</b>
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INSURED/LENDER: _____	EMAIL ADDRESS: _____
INSURED CONTACT: _____	CERTIFICATE DATES – INCEPTION: _____
PHONE #: _____	EXPIRATION: _____
POLICY #: _____	CERTIFICATE #: _____
PROPERTY OWNER/BORROWER: _____	NET BALANCE: _____
PHONE #: _____	ALT. PHONE #: _____
PROPERTY ADDRESS: _____	
CONTACT NAME & TITLE (IF OTHER THAN BORROWER): _____	
PHONE #: _____	ALT. PHONE #: _____
EMAIL ADDRESS: _____	

**CHECK ONE OF EACH CATEGORY:**

1) DWELLING	OR BUILDING	3) BLANKET	OR REO
2) VACANT	OR OCCUPIED	4) 1 <sup>ST</sup> MORTGAGE	OR 2 <sup>ND</sup> MORTGAGE

PRIOR INSURANCE CARRIER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

EFFECTIVE DATE OF COVERAGE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

PHONE #: \_\_\_\_\_

FACTS OF LOSS: \_\_\_\_\_

DATE OF LOSS: \_\_\_\_\_ DATE OF DISCOVERY: \_\_\_\_\_

DAMAGES: \_\_\_\_\_

DAMAGES REPORTED BY: \_\_\_\_\_ DATE REPORTED: \_\_\_\_\_

- PLEASE INCLUDE THE FOLLOWING WITH YOUR CLAIM:**
- COPY OF NOTICE OF INSURANCE
  - COPY OF CANCELLATION/EXPIRATION OF PRIOR INSURANCE
  - COPY OF THE POLICE REPORT, FIRE REPORT OR ANY PICTURES OF THE DAMAGE

SUBMITTED BY: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

PHONE#: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

1554 ORMSBY STATION COURT, LOUISVILLE, KY 40223 • CLAIMS #: 888.685.8442 • CLAIMS FAX: 502.894.9059  
 EMAIL CLAIMS TO [CLAIMSKY@LEEANDMASON.COM](mailto:CLAIMSKY@LEEANDMASON.COM)