

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. Date This Claim Submitted
4. Insured's Name		5. Insured's Loan Number
6. Address		7. Certificate Number
8. City	State	Zip Code
10. Borrower Name(s)		11. % Coverage
		12. Type Coverage
13. Property Address (Including City, State and Zip Code)		
14. Servicer Name (If different from Insured's Name)		15. Servicer Loan Number
16. Servicer Address (Including City, State and Zip Code) (If different from Insured)		
17. Payee Name (If different than Insured's Name)		18. Payee Loan Number
19. Payee Address (Including City, State and Zip code) (If different than Insured)		
20. Investor Name (If different than Payee's Name)		21. Investor Loan Number

Claimable Items:

22. Unpaid Principal Balance (Interest paid through ___ / ___ / ___)	\$ _____
23. Accumulated Interest:	\$ _____
From ___ / ___ / ___ to ___ / ___ / ___ = _____ Days @ _____	
24. Sub-total Principal and Interest (Line 22 Plus Line 23)	\$ _____

Expense Information:

25. Attorney's Fees	\$ _____
26. Property Taxes	\$ _____
27. Hazard Insurance Premiums	\$ _____
28. Property Preservation Costs	\$ _____
29. Statutory Disbursements	\$ _____
30. Other Disbursements	\$ _____
31. Sub-total Claimable Items (Total Lines 24 through 30)	\$ _____

Deductible Items:

32. Escrow Account Balance	\$ _____
33. Net Rental Proceeds	\$ _____
34. Pledged Savings, Buydowns, or Other Funds Held for Insured	\$ _____
35. Insurance Proceeds	\$ _____
36. Other Deductions (Attach Explanation)	\$ _____
37. Sub-total Deductible Items (Total Lines 32 Through 36)	\$ _____
38. Total claim amount (Line 31 Minus Line 37)	\$ _____
39. Less Adjustments, if any (Attach Explanation)	\$ _____
40. Adjusted Claim Amount (Line 38 Minus Line 39)	\$ _____

41. Comments:

42. ARM Interest Rate Information:	Unpaid Principal Balance (from line 22)				
Rate	From	To	Number of Days	Amount	
1. _____%	___ / ___ / ___	___ / ___ / ___	_____	\$ _____	
2. _____%	___ / ___ / ___	___ / ___ / ___	_____	\$ _____	
3. _____%	___ / ___ / ___	___ / ___ / ___	_____	\$ _____	
4. _____%	___ / ___ / ___	___ / ___ / ___	_____	\$ _____	

Expense Information:

Type	Date Paid	Description	Amount
43. Attorney's Fees	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
		Total (Enter on Line 25)	\$ _____
44. Property Taxes			
Tax Period ___ / ___ / ___ to ___ / ___ / ___	_____	_____	\$ _____
Tax Period ___ / ___ / ___ to ___ / ___ / ___	_____	_____	\$ _____
Tax Period ___ / ___ / ___ to ___ / ___ / ___	_____	_____	\$ _____
		Total (Enter on Line 26)	\$ _____

45. Hazard Insurance Premiums				
Effective	___/___/___	to	___/___/___	\$ _____
Effective	___/___/___	to	___/___/___	\$ _____
Effective	___/___/___	to	___/___/___	\$ _____
Total (Enter on Line 27)				\$ _____
46. Property Preservation Costs				\$ _____
				\$ _____
				\$ _____
				\$ _____
Total (Enter on Line 28)				\$ _____
47. Statutory Disbursements				\$ _____
				\$ _____
				\$ _____
				\$ _____
Total (Enter on Line 29)				\$ _____
48. Other Disbursements				\$ _____
				\$ _____
				\$ _____
				\$ _____
Total (Enter on Line 30)				\$ _____
49. Required Enclosures:		Additional Enclosures (If Applicable):		
<input type="checkbox"/> Loan Payment History from default		<input type="checkbox"/> Copy of Primary MI Claim for Loss, settlement check and EOB, if applicable		
<input type="checkbox"/> BPO/Appraisals claimed				
50. Is property <input type="checkbox"/> vacant or <input type="checkbox"/> occupied? If occupied, please state name of occupant: _____				
Key to property may be obtained from: _____			Telephone: (____) _____	
51. Foreclosure sale or property transfer date: ___/___/___ Foreclosure bid amount: \$_____				
Successful bidder: _____				
52. Bankruptcy filings (if applicable):				
Chapter _____	File date ___/___/___	Release date ___/___/___		
Chapter _____	File date ___/___/___	Release date ___/___/___		

WARNING: Any person who knowingly and with intent to defraud any insurance company files an insurance application and/or a claim for the payment of loss containing any incomplete, false, misleading or fraudulent information, or conceals any material information for the purpose of misleading the company, may be guilty of insurance fraud. Such person may be subject to fines, civil and/or criminal penalties, denial of benefits and/or imprisonment. Insurance coverage may be rescinded or a claim denied if the insurer relied on any misstatement, misrepresentation, omission or concealment and such misinformation or omission was material to the risk assumed or provided fraudulently.

WARNING: ME, TN, VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties for such an act include imprisonment, fines and denial of benefits.

WARNING: NY: "Any person who knowingly and with 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 and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

WARNING: DC: "It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant."

WARNING: CA: For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

WARNING: AZ: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is subject to criminal and civil penalties

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.

53. _____ Authorized Signature	54. _____ Contact Name (Type or Print)
55. _____ Title/Department	56. (____) _____ Phone
57. _____ Email	