

Default Claims Servicing Guide



Fax: (336) 723-1001

www.triadguaranty.com

Mail:
Triad Guaranty Insurance Corporation,
In Rehabilitation
Loss Management Department
Post Office Box 2300
Winston Salem, NC 27102

Email:

Triad Guaranty believes communities, borrowers, lenders, investors, and insurers are all better served if we work out problem loans and keep borrowers in their homes with their loans performing. While it is your responsibility to cooperate actively with Triad Guaranty to prevent or mitigate a loss, we all know there are times that a delinquency cannot be cured. Therefore, we strive to work with you to minimize the losses of all parties with an expeditious disposition of the property. Triad Guaranty's Loss Management Team is committed to working through the delinquency process with you to preserve and maximize the value of your mortgage insurance. Our goal is to become your partner in your defense against losses.

The intent of this servicing guide is to assist you in following the requirements of the Master Policy that governs your insured loan. It is designed to increase your success as a servicer by providing you with the answers to the questions that may affect your mortgage insurance benefits. We want to preserve the value of your mortgage insurance with the guidance this manual offers along with the requirements of the Master Policy.

This guide is designed to supplement the Master Policy it does not replace the Master Policy. Therefore, in the event of any inconsistency between this servicing guide and the Master Policy, the terms of the Master Policy will prevail.

This manual uses the following words interchangeably; "servicer" and "insured" "Master Policy" and "Policy" as well as "borrower" and "borrowers".

This manual may be amended at any time without notice.

Failure to adhere to this guide in conjunction with the Master Policy may have serious effects on your rights to receive benefits. Violations of the provisions in either document may result in claim adjustments, claim denials, or a rescission of coverage.

email: defaults@tgic.com

1.0 default reporting

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



1.1 notice of default (NOD)

You are required to notify Triad Guaranty of the occurrence of a delinquency. You are also asked to notify Triad Guaranty of potentially problematic loans that are in the process of a workout or if an event has occurred to compromise the security or loan itself. Triad Guaranty requires this notification for two reasons. It is a condition precedent to the payment of benefits by Triad Guaranty which triggers the process that establishes reserves for any potential future claim payment. It also notifies Triad Guaranty of the opportunity to partner with you in resolving the delinquency.

You are also required to notify Triad Guaranty if:

- 1. A loan in the process of workout has the potential to become problematic (see below) or
- 2. An event has occured to compromise the security or loan itself.
- A **default** is the failure of the borrower to pay an amount equal to or greater than one (1) regular periodic payment due under the terms of the loan.
- A loan is considered **delinquent** on the close of business of the installment due date or the date on which a legal action is filed that affects the loan or the security of the loan. Examples of legal action are bankruptcy filings, property condemnations, property tax sales, or litigation.
- A **problematic** loan occurs with the initiation of any proceeding that affects complete compliance with the Master Policy or requires a request for benefits under the policy such as a loan modification, short sale, deed-in-lieu, condemnation proceedings, bankruptcy filings, lawsuit, or the borrowers request for assistance due to an imminent default. A loan is considered problematic upon the insured's first knowledge of the event.

2

1.1 notice of default

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102



1.2 when to file a notice of default (NOD):

Timely submission of the NOD is essential to protect your right to benefits under the Master Policy. A timely submission provides Triad Guaranty with the time needed to establish reserves, institute loss prevention and mitigation efforts, conduct investigations, or provide any special instructions to you if warranted.

A delinquency should be reported within the following time frames.

- Within 45 days of the due date if the first scheduled mortgage payment due on the loan is missed or
- Within 10 days of when the borrower becomes four months in default or For example, a loan due for the January 1st mortgage payment requires a reporting to Triad Guaranty no later than the close of business on the 10th day of April*
- Within 10 days of the date of knowledge that a loan is considered problematic.

1.2 when to file a notice of default

Fax: (336) 723-1001

www.triadguaranty.com

Mai<u>l:</u>

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:

^{*}Triad Guaranty encourages a report within the reporting month of the second delinquent payment.



1.3 how and where to file NOD:

Non-Electronic Filing

You may report a default electronically, through Triad's TAXI or by completing Triad Guaranty's Notice of Default form [TG-22] or any mutually agreed upon format. Triad Guaranty's form TG-22 may be found in Section 6.0-FAQs & Forms.

Notice of Default Form [TG-22] terminology is listed below to assist you in completing your form.

MI Certificate Number	The seven digit number found on the commitment/certificate of insurance.	
Servicer Loan Number	Your loan identification number for the insured loan as the servicer.	
Servicer Address	The mailing address to send any delinquency correspondence.	

4

1.3 how & where to file NOD

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102



Investor

 $\sqrt{}$ The owner of the loan. If a portfolio loan, enter your name here.

lacklgray If Fannie Mae or Freddie Mac, check the appropriate box and provide us with their loan identification number.

Property Address

Home Phone Number

Work Phone Number

Mailing Address

Current Principal Balance

The physical address of the subject property.

The borrower's home phone number.

The borrower's current work or mobile phone number.

The current mailing address of the mortgagor, if different from the property address.

The unpaid amortized principal balance due at the date the loan went into default, excluding late charges, delinquent interest, escrow, attorney fees, capitalizations, etc.

1.3 how & where to file NOD

Fax: (336) 723-1001

www.triadguaranty.com

Mail: Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



Total Delinquent Amount

The total delinquent principal, interest, taxes and insurance (PITI) payments and advances associated with the delinquency, not including penalties, fees, or late charges.

Loan Due for Date

The date that the first payment is missed creating the delinquency.

Reason for Non Payment

√ Check the most appropriate reason reported by the borrower or the reason determined by you to have caused the default.

Is this a first payment default?

√ Check "yes" if the first obligated mortgage payment due under the new loan was not paid as contracted in the borrower's promissory note.

√ Check "no" if the delinquency is due to any other payment being missed.

6

1.3 how & where to file NOD

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



Occupancy Status

√ Check the appropriate status based on the most recent property inspection that you have completed on the home due to the delinquency.

If the property is tenant occupied, the rents should be assigned to you if this right is protected under the loan documents. This assignment is a requirement of the Master Policy. If the property is vacant, you should provide details of the efforts that have been made to dispose of the property or rent it in the Describe Servicer's Collection Efforts box. Be sure to complete the borrower's mailing address when checking "tenant" or "vacant" since it differs from the property address.

1.3 how & where to file NOD

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



Servicer's Next Action Will Be

√ Check the appropriate box indicating your next action on this loan at the time of completing this report. Remember that some actions require prior approval from us. Examples are a deed-in-lieu of foreclosure, loan modification, forbearance, or assumption.

Describe Servicer's Collection Efforts

Enter any information on the loan that will assist us in understanding how you are working to cure the delinquency, dispose of the property, or report an issue involving the loan or property that is not discussed elsewhere on the form.

Servicer Contact

The name of the contact responsible for default reporting.

Servicer Phone Number

The direct phone number of the contact responsible for updates or questions regarding the report.

8

1.3 how & where to file NOD

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102



1.4 delinquency status reports (DSR):

Once a delinquency has been reported to Triad Guaranty you are required to update Triad Guaranty with the status of the loan on a monthly basis via a DSR. Triad Guaranty's DSR [TG-23] or any agreed upon format must be sent to Triad Guaranty each month. Monthly updates are to continue until either:

- 1. You report that the delinquency or problematic loan has been cured, resolved, or the mortgage loan has been paid in full;
- 2. The legal action affecting the loan or its security has terminated; or,
- 3. A Claim for Loss [TGIC.0134] has been submitted to Triad Guaranty.

Reporting (1) or (2) will remove the delinquency or problematic loan from our system and reflect the loan as cured and as a performing asset or extinguished mortgage. If the loan again becomes delinquent or experiences a problematic event, a new NOD will be required. A NOD is only the beginning of the process and requires a DSR until the delinquency has been resolved or the claim has been filed. Failure to return a DSR with the required information may jeopardize your benefits.

9

1.4 delinquency status reporting (DSR)

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



1.5 when to file a DSR:

A DSR should be submitted between the 20th and the last day of each month.

- *Electronic DSR* Process the file and submit to Triad Guaranty on the same date each month.
- Manual DSR If you are returning a manual report generated by our system and sent to you
 for execution, complete the report and mail or fax it to Triad Guaranty on the same date each
 month.

10

1.5 when to file a DSR

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



1.6 how and where to file a DSR:

Once an NOD has been received, for manual NOD's, Triad Guaranty will generate a DSR [TG-23] form by the 3rd day of each month for you to complete. For electronic NOD's, a DSR will not generate as a file is expected each month following the NOD. Form TG-23 may be found in Section 6.0 - FAQs & Forms.

Non-Electronic Filing

The DSR will be populated with the information that you reported on the initial NOD or the previous DSR. If any of the information is incorrect, strike through the text on the form and enter the correct information. Return to Triad Guaranty between the 20th and the last day of the month.

Electronic Filing

Process the file and transmit to Triad Guaranty on the same date each month.

11

1.6 how & where to file a DSR

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102



Servicer Loan Number	Your loan identification number for the insured loan as the servicer.
MI Certificate Number	The seven digit number found on the commitment/certificate of insurance.
Servicer Name and Address	The company name and address of the servicing entity.
Mortgagor Name and Property Address	The borrowers name and the physical address of the subject property.
Loan Status	√ Check "cured" if the delinquency has cured or if the loan has paid in full. Also define which by checking current or paid off.
	√ Check "servicing transferred" if you have transferred or sold servicing to another servicer. Enter the new servicer's name and address if "servicing transferred" is checked.
	√ Check "remains delinquent" if the loan is still delinquent.

1.6 how & where to file a DSR

Fax: (336) 723-1001

www.triadguaranty.com

Mail:
Triad Guaranty Insurance Corporation,
In Rehabilitation
Loss Management Department
Post Office Box 2300
Winston Salem, NC 27102

Email:



Current Principal Balance

The unpaid amortized principal balance due at the date the loan went into default, excluding late charges, delinquent interest, escrow, attorney fees, capitalizations, etc.

Loan Due for Date

The date that the first payment is missed creating the delinquency.

Occupancy Status

√ Check the appropriate status based on the most recent property inspection that you have completed on the home due to the delinquency.

If the property is tenant occupied, the rents should be assigned to you if this right is protected under the loan documents as this is a requirement of the Master Policy. If the property is vacant you should provide details in the Describe Servicer's Collection Efforts box of the efforts that have been made to dispose of the property or rent it. Be sure to complete the borrower's mailing address when checking "tenant" or "vacant" since it differs from the property address.

13

1.6 how & where to file a DSR

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



Delinquent Status	√ Check the appropriate box based on your next action on this loan at the time of completing this report. Remember that some actions require prior approval from Triad Guaranty. Examples are deed-in-lieu of foreclosure, loan modification, forbearance, or assumption.
Date Referred to Foreclosure	Enter the date that you shipped the file to your attorney to initiate the foreclosure process.
Redemption Expiration Date	Enter the date that the borrower's rights to redemption expire.
Claim File Date	Enter the date that you filed your Claim For Loss with Triad Guaranty to request benefits under the Master Policy.
Sale Scheduled Date	Enter the date that you scheduled the foreclosure sale.
Date Title Acquired	Enter the date that you acquired borrower's title to the property.
Servicer Contact	Enter the name of the contact responsible for default reporting to Triad Guaranty.

1.6 how & where to file a DSR

Fax: (336) 723-1001

www.triadguaranty.com

Mail:
Triad Guaranty Insurance Corporation,
In Rehabilitation
Loss Management Department
Post Office Box 2300
Winston Salem, NC 27102

Email:



1.7 bankruptcy proceedings requirements

Appropriate action must be taken to release the automatic stay if the borrower misses two post-petition payments in a Chapter 13 or immediately in the case of a Chapter 7 No Asset Filing. We will allow up to an additional six months to the state foreclosure time frames to allow for release or dismissal of the case. We do not require that you forward copies of the bankruptcy filings, but do reserve the right to request such documentation if needed. Notification of the bankruptcy chapter filed, the date of filing, and the release date may be sent through the NOD and DSR reporting requirement.

15

1.7 bankruptcy proceedings requirements

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Failure to adhere to this guide in conjunction with the Master Policy may have serious effects on your rights to receive benefits. Violations of the provisions in either document may result in claim adjustments, claim denials, or a rescission of coverage.

email: hope@tgic.com

2.0 loss mitigation

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



2.1 loss mitigation and loan workouts

You are required by the Master Policy to cooperate in good faith with Triad Guaranty and assist in preventing or mitigating losses.

To assist you with this process, Triad Guaranty has an experienced and dedicated team that will work with you or supplement your efforts to prevent or minimize losses. Our team fully understands how critical timing can be when processing workouts. Speed is crucial when it comes to mortgage loans; therefore, we provide dedicated phone lines, fax lines, and email addresses for your convenience. Our team is committed to providing you with a rapid response to your request. We will even work with current borrowers who are experiencing a problem that has the potential to result in a future default.

Many workouts require that you obtain current information from the borrower that is similar to the type of information required from the borrower to obtain the loan in the beginning. When working with a delinquent borrower or a problem loan you should:

- 1. Determine the reason for default. Why was the borrower unable to make his/her mortgage payments?
- 2. Establish the borrower's intention to keep or dispose of the property. If able, does the borrower wish to remain in the property and continue to pay the loan?
- 3. Identify the borrower's ability or inability to retain or dispose of the property through financial and property analysis. Can the borrower continue with payments once the workout cures the delinquency? What can the borrower contribute towards the disposition of the property to minimize losses?

1/

2.1 loss mitigation and loan workouts

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



The type of information required to complete a loan workout or loss mitigation depends upon the type of workout being considered. Typically you should obtain all or some portion of the following information to determine a borrower's financial situation:

- Detailed letter of hardship from the borrower outlining the reason for default, a synopsis of his/her current financial situation, his/her desire to keep or dispose of the property, and the extent of his/her ability to participate in the workout being explored.
- Financial statement, which discloses all income, assets and expenses of all parties liable on the loan.
- Last two most recent years of federal tax returns with corresponding W-2s and 1099s.
- Last two pay stubs for all employment for each responsible party on the loan.
- Most recent bank statements on all accounts for all parties responsible on the loan.
- Current credit report on all parties responsible on the loan.
- Current broker's price opinion or real estate appraisal on the subject property if a non-retention workout is considered.
- Listing agreement if the borrower does not have the ability or desire to retain the property.
- Payoff statement or reinstatement figures, whichever are applicable to the workout.

18

2.1 loss mitigation and loan workouts

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



2.2 loan workouts

Loan workouts are avenues explored that allow the borrower to retain possession of the property and cure the loan. The cornerstone of Triad Guaranty's workout philosophy is helping the borrower cure the delinquency and retain the property. It is important to work closely with borrower's as soon as they encounter a problem making their mortgage payments. The earlier the stage of delinquency, the greater the number of options that are available for curing the delinquency. The following options are available to assist in achieving this goal.

Retention Workouts

Repayment Plans

Triad Guaranty encourages any attempts to reinstate a loan through a repayment plan. To ease this effort, you do not need our approval for any reasonable repayment program as long as the loan is never more than six months in default during the effort. If the loan falls more than six months in default, at any point during the repayment plan, you are required to contact a Triad Guaranty Loan Workout Specialist for approval to eliminate or minimize any potential claim adjustment. We require notification of repayment plan efforts through the DSR or written notice of the activity sent to Triad Guaranty.

19

2.2 loan workouts

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



Forbearance Plans

Triad Guaranty encourages any attempts to reinstate a loan through a forbearance plan, if you have a plan that will cure the loan or dispose of the property at the end of the forbearance period. To ease this effort, you do not need our approval for any reasonable forbearance program as long as the loan is never more than six months in default during the workout effort. If the loan falls more than six months in default, at any point during the plan, you should contact a Triad Guaranty Loan Workout Specialist for approval to eliminate or minimize any potential claim adjustment should the delinquent loan result in a claim. We require notification of any workout plan efforts through the DSR or written notice of the activity sent to Triad Guaranty.

Loan Modifications

Triad Guaranty encourages the use of loan modifications during property retention workouts to keep loans current or resolve a delinquency. A change in the loan's interest rate, balance, or term can be a very useful tool in preventing foreclosures. To ease this effort, you do not need our approval for any interest rate reduction on a fully amortizing loan. Notify Triad Guaranty of the new interest rate and status of the loan after completion of the loan modification through the DSR or other written notice. Any capitalization of delinquent interest or extension of term requires our approval prior to execution of the agreement. Capitalizations are limited to the original mortgage loan amount that was insured, and term extensions are limited to 480 months with prior approval. For changes outside of the interest rate reduction, you may contact one of our Loan Workout Specialists to discuss. As always, you should not stop normal and customary collection efforts or foreclosure processes during the loan modification processing unless instructed to do so by Triad Guaranty.

20

2.2 loan workouts

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



Partial Claim Advances

There are times when a repayment plan or a loan modification may not be feasible to reinstate a delinquency. To supplement these two workout options and provide for another foreclosure prevention avenue, we offer the opportunity for you to request an advance on your potential future claim. A partial claim advance will cover the delinquent interest, or a portion thereof, that is needed to reinstate the loan or complete a property retention workout. Any partial claim advance made under a policy requires the deduction of the unpaid advance from any future claim settlement if the loan ultimately forecloses and you file a Claim For Loss. Because a partial claim advance reduces your future mortgage insurance benefits, all parties to the transaction may need prior notification before you request this option.

A partial claim advance is designed for a delinquency where the borrower has the ability to maintain future payments but circumstances beyond his/her control have forced him/her into a default. To be eligible, a borrower must reside in the property that is in default, title must be vested in the borrower's name, and the borrower must have the ability and willingness to maintain future payments on the loan after the advance. A partial claim advance typically requires that the borrower repay the amount of the advance to Triad Guaranty over time. The borrower will sign a promissory note with Triad Guaranty for repayment of the amount of the partial claim advance. This note is non-interest bearing when performing and is structured to accommodate the borrower's own financial situation for repayment. As always, you should not stop normal and customary collection efforts or foreclosure processes during the partial claim advance processing unless instructed to do so by Triad Guaranty.

21

2.2 loan workouts

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



Partial claim advances must be requested in writing. Our Loan Workout Specialists will work closely with you to determine if this option is the right one for the situation. At times, a partial claim advance is coupled with other property retention workouts such as loan modifications and repayment plans. We may ask that a borrower demonstrate his/her ability to perform with temporary payments for a scheduled time frame before completing the partial claim advance.

Non Retention Workouts

Assumptions

There are times when a borrower's income has been curtailed making the sale of the property the only viable alternative to a foreclosure. In addition to a short sale of the property, we may be able to assist in an assumption of the loan by a new owner. We will first discuss a loan modification or capitalization of the delinquency coupled with an assumption to transfer the property. There may also be times where we couple an assumption with a partial claim advance. We do this by advancing a portion of the delinquent mortgage loan payments under the partial claim advance program described above. If you feel that this is a possible workout for your delinquency, contact the Loss Management Department to discuss this option further with a Loan Workout Specialist. As always, you should not stop normal and customary collection efforts or foreclosure processes during the asumption processing unless instructed to do so by Triad Guaranty.

22

2.2 loan workouts

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



Short Sales

At times, the value of a property will be less than the potential proceeds from its sale creating a shortage in the payoff of the loan. Short sales, or pre-foreclosure sales, can minimize the potential loss and prevent additional real estate owned for you.

We review short sales on the basis of hardship, claim probability and claim mitigation. In addition to the borrower financial information addressed in Section 2.1, you must provide the following items for consideration of a short sale:

- 1. A payoff statement for the insured loan through the anticipated closing date of the sale.
- 2. An executed sales contract.
- 3. A good faith estimate of the costs and expenses associated with the sale of the property.
- 4. A current fair market value of the property, independent of the real estate agent associated with the sale.

During the short sale process you should prepare your borrower for his/her participation in the form of cash or a promissory note as each case is reviewed for participation by our Loan Workout Specialists. As always, you should not stop normal and customary collection efforts or foreclosure processes during the short sale processing unless instructed to do so by Triad Guaranty.

Short sale prequalification - If you would like Triad Guaranty to prequalify a borrower for a potential short sale simply forward the borrower's financial information, along with the property value information, to Triad Guaranty and we will review for prequalification. Our prequalification approval carries a four month limit. If no offer is received and accepted within this time frame the prequalification is void and a new financial package and property value must be obtained to review for another prequalification.

23

2.2 loan workouts

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



Deed-in-Lieu of Foreclosure

There are times when a borrower must relinquish his/her property due to unforeseen circumstances. To minimize the losses involved with a foreclosure there may be times when a deed-in-lieu of foreclosure is acceptable. While the costs may be minimized with the acceptance of a deed, the result is still another real estate owned in inventory, as well as a full claim for Triad Guaranty. Therefore we typically limit an approval to exceptional circumstances such as permanent disability, a fatal illness or death. At a minimum, we request that the property be listed for sale during the review process and may require a listing timeframe before the acceptance to try to obtain an offer on the property to eliminate the real estate owned increase.

Deeds-in-lieu are reviewed on the basis of hardship, claim probability and claim mitigation so they require that you provide certain information to evaluate your request. In addition to the borrower financial information addressed in Section 2.1, you must provide the following items for consideration of a deed-in-lieu:

- 1. A payoff statement for the insured loan through the anticipated transfer date.
- 2. A current fair market value of the property independent of the real estate agent listing the property.
- 3. Any medical statements or certificates that establish the exceptional hardship for the borrower.

During the deed-in-lieu process you should prepare your borrower or the estate for his/her possible participation in the form of cash or a promissory note as each case is reviewed for participation by our Loan Workout Specialists. As always, you should not stop normal and customary collection efforts or foreclosure processes during the deed-in-lieu processing unless instructed to do so by Triad Guaranty.

24

2.2 loan workouts

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



2.3 proactive borrower contact by Triad Guaranty

We have established a team of Loan Workout Specialists to supplement your efforts in keeping borrowers in their homes and minimizing losses. Once a default is reported we begin working to supplement your collection efforts. We focus on loans where you have been unable to contact the borrowers. Once contact is made we can work with you for a "hot transfer" of the call direct to your workout team or begin gathering the information ourselves to work with you on a solution. Contact our workout team directly to discuss our supplementing your conseling efforts.

Effective: **December 31, 2013,** Triad Guaranty no longer engages in proactive borrower contact.

25

2.3 proactive borrower contact by Triad Guaranty

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:

Failure to adhere to this guide in conjunction with the Master Policy may have serious effects on your rights to receive benefits. Violations of the provisions in either document may result in claim adjustments, claim denials, or a rescission of coverage.

email: defaults@tgic.com

3.0 foreclosure

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



3.1 foreclosure proceedings requirements

Once you have exhausted all efforts for a workout of the loan, you are required to foreclose on the loan in a timely manner. Unless Triad Guaranty had directed you in writing to commence foreclosure proceedings at an earlier date, you must make the first legal filing with the court before the end of the sixth month of delinquency. For example, if the loan is due for the January 1st mortgage payment then the first legal action must be filed no later than June 30th.

While expedient foreclosure processing is required, foreclosure alternatives and loan workouts should still be considered throughout the entire process. If you need additional time to resolve the delinquency or to initiate workout arrangements, you must contact a Loan Workout Specialist to request a delay. Otherwise, we will adjust the claim for unapproved foreclosure delays.

The number for requesting an extension to initiate foreclosure is:

(800) 451-4872, ext. 7003 or (336) 723-1282, ext. 7003.

Once the foreclosure process has commenced, you are required to pursue the steps necessary to acquire title and possession of the property in an expeditious manner. To clarify this time frame, Triad Guaranty has defined this period by establishing an appropriate time interval between sending the file to the attorney for action and acquiring borrower's title to the property. The following table displays the variable state foreclosure time periods. The state foreclosure time frames list indicates the foreclosure process after the initial six months allowed to initiate the process and does not include delays due to bankruptcy filings or attempted workout activities.

2/

3.1 foreclosure proceedings requirements

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



To protect your benefits and avoid claim curtailments for delays, you are required to abide by the state foreclosure time frames. In the event the delinquent borrower files for bankruptcy on liquidation chapters, we will allow an additional six (6) months from the date of the filing for you to obtain relief from the automatic stay or dismissal of the case. For reorganization chapters, we allow an additional three (3) months from the last post petition payment applied in accordance with the bankruptcy plan.

If you need additional time to complete the foreclosure and claim filing process because of attempted loan workouts or bankruptcy, you should include a chronological listing of events, with explanations of delays, from the date of default to the date of claim filing. The time line of events and the explanations will assist the Claims Examiner with the processing of your claim. As a result, if the number of days exceeds the state time frame, Triad Guaranty will review the individual case facts before any adjustment to your claim is considered.

20

3.1 foreclosure proceedings requirements

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



3.2 state foreclosure time frames

STATE	TIME FRAME	COMMENTS	STATE	TIME FRAME	COMMENTS	STATE	TIME FRAME	COMMENTS
Alabama	90		Louisiana	220		Oregon	180	
Alaska	120		Maine	300		Pennsylvania	270	
Arizona	120		Maryland	60		Puerto Rico	375	
Arkansas	120		Massachusetts	120		Rhode Island	85	
California	120		Michigan	75		South Carolina	180	355 redemption
Colorado	175		Minnesota	100	280 redemption	South Dakota	205	
Connecticut	180		Mississippi	90		Tennessee	90	
District of Columbia	100		Missouri	65		Texas	60	
Delaware	210		Montana	155		Utah	150	
Florida	170		Nebraska	125		Vermont	335	
Georgia	80		Nevada	120		Virgin Islands	300	
Guam	150		New Hampshire	90		Virginia	60	
Hawaii	180		New Jersey	300		Washington	150	
Idaho	190		New Mexico	250		West Virginia	120	
Illinois	300		New York	240	370 Long Island & New York City	Wisconsin	315	
Indiana	265		North Carolina	120		Wyoming	90	180 redemption
Iowa	190		North Dakota	205				
Kansas	120	Judicial 230	Ohio	210				
Kentucky	200		Oklahoma	250				

Triad Guaranty continually monitors and evaluates these state time frames to ensure that an appropriate amount of time is available for you to file your claim. (Time frames are reflected in days)

3.2 state foreclosure time frames

Email:

29

DEFAULT REPORTING - defaults@tgic.com CLAIMS - claims@tgic.com LOSS MITIGATION - hope@tgic.com FORECLOSURE - defaults@tgic.com

Fax: (336) 723-1001

www.triadguaranty.com

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102



3.3 foreclosure sale bidding

We expect you to establish a foreclosure sale bid that protects our rights to a deficiency recovery that promotes third party bidding or ensures obtaining borrower's title to the property. Unless Fannie Mae owns the loan, you are required to determine fair market value of the property by obtaining a current Broker's Price Opinion (BPO) or an appraisal prior to the scheduled foreclosure sale. You should review the BPO or appraised value for reasonableness and look for any indication of physical damage (outside of normal wear and tear) that may affect the value of the property. If the property has physical damage, then the fair market value will be the value after the restoration of the property to its original condition at time of insurance.

30

3.3 foreclosure sale bidding

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



3.4 bidding guidance

For Fannie Mae insured loans, we concur with the applicable bidding guidelines found in the current Fannie Mae Servicing Guide. You may bid as directed for private mortgage insured loans.

For all other insured loans, if the current fair market value of the property exceeds the total indebtedness, use the total debt as the starting bid.

If the total indebtedness exceeds the current fair market value of the property, begin bidding at the percentage of current fair market value as reflected in the bidding guidance table on page 32. Bid up to total debt in the event of 3rd party bidding.

For an insured conventional first mortgage that is secured by a property located in a state (or jurisdiction) that has a redemption period, the servicer should instruct the foreclosure attorney or trustee to bid 100% of the total mortgage indebtedness.

31

3.4 bidding guidance

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:

Property State	Does Triad Guaranty Pursue a Deficiency?	Percentage of Current Market Value	
AL	N	90%	
AK	N	90%	
AZ	N	90%	
AR	Υ	See A Below	
CA	N	100%	
со	Υ	100%	
СТ	γ1	100%	
DE	Υ	100%	
D.C.	Υ	90%	
FL	Υ	See B Below	
GA	N¹	100%	
ні	Υ	90%	
ID	Υ	100%	
IL	N	100%	
IN	Υ	90%	
IA	N	100%	
KS	N	100%	
KY	γ1	90%	
LA	Υ	90%	
ME	γ1	90%	
MD	Υ	90%	
MA	Υ	90%	
MI	γ1	100%	
MN	N	100%	
MS	γ1	90%	
МО	Υ	100%	

Property State	Does Triad Guaranty Pursue a Deficiency?	Percentage of Current Market Value
MT	N	100%
NE	Υ	90%
NV	Υ¹	90%
NH	Υ¹	90%
NJ	N	See B Below
NM	Υ	90%
NY	N	100%
NC	Υ	90%
ND	N	90%
ОН	N	100%
OK	Υ	See C Below
OR	N	100%
PA	N	100%
RI	Υ	90%
SC	Υ1	90%
SD	Υ	100%
TN	Υ	90%
TX	N	100%
UT	Υ	90%
VT	γ1	90%
VA	N	100%
WA	N	100%
wv	Y	90%
WI	N	100%
WY	N bidding or if there is any cor	100%

If you have any questions about bidding or if there is any conflict with your investor or mortgage insurance pool carrier, contact our Loss Management Department for discussion.

An appraisal of the property is required for bidding. Bid 90% of current fair market value but not less than 2/3 of the total indebtedness due. Bid \$100 or the minimum required by law unless there is competitive bidding, in which case bid 90% of value. If we instruct you to protect deficiency rights, bid 2/3 of the sheriff's appraisal or

an amount required by law.

32

3.4 bidding guidance table

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



3.5 foreclosure sale results notice

You are required to notify Triad Guaranty of the results of a foreclosure sale within seven (7) days of the foreclosure sale date. This form is to notify Triad Guaranty of the successful bidder along with other pertinent information established at the foreclosure sale. Triad Guaranty's Foreclosure Sale Notice Form TGIC.0138 may be found in Section 6.0 FAQs & Forms.

33

3.5 foreclosure sale results notice

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



3.6 when & how to file foreclosure sale results

Within seven (7) days of the foreclosure sale, please update Triad Guaranty with the foreclosure sale results. You may complete Triad Guaranty's Foreclosure Sale Results form or any mutually agreed upon format. The Foreclosure Sale Results form [TGIC.0138] may be found in Section 6.0 - FAQs & Forms.

Mail completed form to:

Triad Guaranty Insurance Corporation Loss Management Department Post Office Box 2300 Winston-Salem, NC 27102

Fax completed form to:

Attention: Loss Management Department (336) 723-1001

Email completed form to:

defaults@tgic.com

3.6 when & how to file foreclosure sale results

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



3.7 post foreclosure requirements for real estate owned

Listing the property for sale

You are required to actively assist Triad Guaranty to prevent and mitigate the loss by attempting an early disposition of the property. When you have acquired title and possession of the property, the disposition process should begin. You should begin preparing the property for sale immediately after the foreclosure sale to expedite the liquidation of the asset. It should be listed in the local multiple listing service at fair market value with a licensed real estate agent of your choice. The strategy that you employ for the disposal of the property is also your choice. You may choose an "as is" strategy or a "repaired" strategy. While we have found that a "repaired" strategy will generally expedite the liquidation of the property, the expenses associated with the sale may not all be claimable. Telephone the Loss Management Department to discuss any questions you have regarding these expenses. Any repairs or cosmetic enhancements to the property should be completed quickly to minimize the time that the property is off the market. Delays in listing the property for sale may result in claim adjustments. Contact our office immediately if there are any delays in listing the asset for sale.

Offers to Purchase

When you receive an offer to purchase, you are required to contact Triad Guaranty for review and approval of the offer. If the net proceeds obtained from the sale are sufficient to mitigate our loss, we will allow additional interest through the close of escrow on influence sales. We will review additional expenses and costs associated with the sale of the property at time of claim for allowance in the settlement.

35

3.7 post foreclosure requirements for real estate owned

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:

Failure to adhere to this guide in conjunction with the Master Policy may have serious effects on your rights to receive benefits. Violations of the provisions in either document may result in claim adjustments, claim denials, or a rescission of coverage.

email: claims@tgic.com

4.0 claims

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



4.1 filing a claim for loss

Triad Guaranty has simplified the process of filing a claim. It starts with a simple written or electronic request for benefits as displayed in the Claim for Loss form (TGIC.0134). Upon receipt of the request, your claim is assigned to a Claims Specialist who will work to process your claim and help perfect it in a timely manner. A claim is considered "perfected" when we have received all information needed to process it. This information includes documentation as well as access to the property. We make every effort to request any additional information needed over the phone. However, sometimes we need written documentation to perfect your claim so it may be settled. In these cases, your Claim Specialist will request the information within 20 days of receipt of the claim.

Please include a copy of the payment history for the loan as well as copies of any values obtained to expedite processing of your claim. See Section 6.0 - FAQs & Forms - Claim Processes for additional documentation and information that may be requested to process your claim.

Note: To ensure the quality of our streamlined claim filing program, we regularly review a random selection of paid claims. During this review we may request additional information and documentation to ensure that this program is successful. If one of your claims is chosen, you will receive a letter informing you of our audit and a list of information that we are requesting. Typically, this information will include evidence of title to the property, the original note and any riders, the mortgage, the origination HUD, the origination appraisal, as well as other information.

3/

4.1 filing a claim for loss

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



4.2 when to file a claim for loss

You should file your Claim For Loss within the earlier of (a) 60 days of acquiring the borrower's title to the property or (b) within 60 days of the closing of a pre-approved property sale. In states where there is a post-sale redemption period, you may file the Claim For Loss within 60 days of expiration of the redemption rights. Failure to file a Claim For Loss within the time frames stated may extinguish your rights to benefits under the Master Policy.

20

4.2 when to file a claim for loss

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



4.3 how to file a claim for loss

Electronic Filing

We accept both electronic and manual claim filings. We support the standard 260 transaction set for electronic claim filings. If you are not currently set up to submit your claims to Triad Guaranty electronically, you may contact the Loss Management Department. You may also submit your Claim For Loss through the Internet via TAXISM (Transactions Across the Internet). Go to our website at www.triadguaranty.com and click on the Triad Guaranty TAXI icon. Click on the Claims and Defaults button to file your claim. In order to file a claim through TAXI, you need a user name and password for access. For any questions regarding our electronic claim filings or registration on our TAXI site, please contact the Loss Management Department.

Non-Electronic Filing

You may file a Claim For Loss by completing Triad Guaranty's Claim For Loss form [TGIC.0134] or any mutually agreed upon format. Triad Guaranty's form TGIC.0134 may be found in Section 6.0 - FAQs & Forms.

55

4.3 how to file a claim for loss

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



4.4 claimable items

The claim calculation typically consists of the expenses listed below. This list includes items allowed under the Master Policy and items associated with the foreclosure process. This list does not include all claimable or nonclaimable items. See Section 4.5 for line item instructions on the Claim for Loss [TGIC.0134].

- 1. The amortized unpaid principal balance of the insured loan as of the date the last regular payment was applied. No capitalization of penalties or charges is allowed.
- 2. Accrued interest on the unpaid principal balance at the approved contract rate from the last regular payment application through the allowable claim filed date. This date may be extended as discussed in the Post Foreclosure Requirements for Real Estate Owned section. Interest on the claim is calculated on a 30-day month, 360-day year. No late charges or penalties are allowed in this calculation. For adjustable rate mortgages, remember to indicate the rate change date and the rates on Line 42 of the Claim for Loss form [TGIC.0134].
- 3. Reasonable attorney's fees expended in obtaining the borrower's title to the property. These fees are limited to 3% of the sum of the unpaid principal balance and allowable accrued interest. Statutory costs associated with the foreclosure are not included in this item.
- 4. Statutory expenses related to the foreclosure process, such as sale publications, title costs, filing fees, deed recordings or sheriff's expenses for conducting the sale.
- 5. For escrowed accounts, real estate property taxes are prorated from the date of default to the allowable claim filing date.
- 6. For escrowed accounts, hazard insurance premiums are prorated from the date of default to the allowable claim filing date.
- 7. Property preservation costs up to \$500 expended to protect the property from damage. Please itemize all costs. Expenses in excess of \$500 require prior written approval by Triad Guaranty before incurring the expense.

40

4.4 claimable items

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



- 8. Two expenses incurred to obtain the current fair market value of the property are claimable if you provide copies of the reports to Triad Guaranty when requested.
- 9. Any other miscellaneous expenses should be placed in the "Other Disbursements" (Form TGIC.0134, Line 30) section of the claim form. Claim Specialists will review expenses for validity during the claim review process.

Note: Triad Guaranty retains the right to reclassify any expense that is reported incorrectly on the Claim For Loss form into the correct category or remove ineligible items.

41

4.4 claimable items

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



Claim For Loss form [TGIC.0134] terminology is listed below to assist you in completing your form.

1.Insurance type	√ Check "Primary" for first layer of insurance or "Pool" for deep coverage/modified pool policies or traditional loss pool policies.
2. Claim Type	√ Check "Initial" if this is the first request for benefits for this certificate of insurance.
	√ Check "Supplemental" if this is a supplemental benefit request for expenses not submitted with the initial claim request.
3. Date This Claim Submitted	The date that you mailed or submitted the claim to Triad Guaranty.
4. Insured's Name	The name of the entity insured under this certificate. The insured is typically the servicer of the loan.
5. Insured's Loan Number	The insured's identification number for the loan.
6. Address	The street mailing address of the insured.
7. Certificate Number	Triad Guaranty's identification number found on the commitment/certificate of insurance.
8. City, State, Zip Code	Mailing address of the insured.

42

4.5 line item instructions for a claim for loss

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



9. Master Policy Number	The Master Policy number issued for the certificate for which you are requesting benefits. This number may be found on the declarations page of your Master Policy.
10. Borrower Name(s)	The name(s) of the primary borrower(s) responsible for the mortgage.
11. % Coverage	The coverage percentage purchased for the certificate. This number may be found on the commitment/certificate of insurance issued for the loan.
12. Type Coverage	Indicate primary, modified pool or pool coverage that was purchased for the certificate.
13. Property Address	The address of the property that is insured.
14. Servicer Name	The name of the servicing entity responsible for the mortgage. Typically this is the same entity as the insured.
15. Servicer Loan Number	The servicer's identification number for the loan.
16. Servicer Address	The mailing address of the servicer.
17. Payee Name	The beneficiary of the policy; the insured. If the loan is owned by Fannie Mae or Freddie Mac, the owner's name goes in this blank because Triad Guaranty pays the GSEs direct.
18. Payee Loan Number	The loan identification number for the payee.
19. Payee Address	The mailing address of the payee.

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



20. Investor Name	The name of the owner of the loan, including Fannie Mae or Freddie Mac.
21. Investor Loan Number	The loan identification number for the investor.
Claimable Items	
22. Unpaid Principal Balance	The amortized unpaid principal balance of the insured loan as of the date the last regular payment was applied. No capitalization of penalties or charges is allowed.
	The interest paid through date is also requested on this line.
23. Accumulated Interest	Accrued interest on the unpaid principal balance at the approved contract rate from the last regular payment application through the claim filed date. Interest on the claim is calculated on a 30-day month, 360-day year. No late charges or penalties are allowed in this calculation.
	Enter the accumulated interest "from" and "to" dates on this line as well as the interest rate percentage.
24. Sub-Total Principal and Interest	Add Lines 22 and 23 together and enter total here.
Expense Information	
25. Attorney's Fees	Reasonable attorney's fees expended in obtaining borrower's title to the property. This amount will be limited to 3% of Line 24. Statutory costs associated with the foreclosure are not included in this item.
26. Property Taxes	Enter the real estate taxes paid on the subject property from the date of default through the allowable claim filing date.

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



27. Hazard Insurance Premiums	Hazard insurance premiums paid on the subject property from the date of default through the allowable claim filing date.
28. Property Preservation Costs	Enter the costs associated with the protection and preservation of the property. Property preservation costs up to \$500 are allowed without prior approval. Expenses in excess of \$500 require prior written approval by Triad Guaranty before incurring the expense.
29. Statutory Disbursements	Expenses related to the foreclosure process such as sale publications, title costs, filing fees, deed recordings, or sheriff's expenses for conducting the sale.
30. Other Disbursements	Any additional expenses associated with appropriate proceedings for this certificate, including two expenses to obtain the current fair market value of the property. These two are claimable if you provide copies of the reports to Triad Guaranty.
31. Sub-total Claimable Items	The total of Lines 24 through 30.
Deductible items	
32. Escrow Account Balance	Positive funds in the escrow account at the default date are entered here. Negative escrows are not allowed.
33. Net Rental Proceeds	Any rental proceeds received from the subject property.
34. Pledged Savings, Buydowns, or Other Funds Held for Insured	Any accounts or funds on the loan's behalf that were pledged as collateral, used for interest buydowns, or deposited by or on behalf of the borrower as a credit to the loan.

45

4.5 line item instructions for a claim for loss

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



35. Insurance Proceeds

36. Other Deductions (Attach Explanation)

37. Sub-Total Deductible Items

38. Total Claim Amount

39. Less Adjustments, if any (Attach Explanation)

40. Adjusted Claim Amount

41. Comments

Any funds received from an insurance company as a refund or payment for the loan.

Any additional funds associated with the loan that will be used towards the reduction of the debt.

The total of Lines 32 through 36.

Subtract Line 31 from Line 37 and enter results here.

Any negotiated or held funds used as a reduction of the total indebtedness.

Subtract Line 38 from Line 39 and enter results here.

At a minimum, the following information should be entered in this section;

• Foreclosure sale date

• HUD-1 settlement date

• Redemption date

• Redemption expiration date

• Execution or transfer date on a deed-in-lieu

• Current fair market value

• Date completed for appraisals or broker price opinions obtained

Occupancy status of the property at claim time

Real estate broker information including agent's name, phone number and/or email address

 Bankruptcy information including case number, bankruptcy chapter, file and release dates for all filings.

46

4.5 line item instructions for a claim for loss

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



22. ARM Interest Information	Enter each interest rate change along with its corresponding change date, rate, number of days and accumulated interest calculation for the delinquency. Calculation should be based on a 360 day calendar year.
33. Attorney's Fees	Itemize the Attorney Fees claimed on Line 25.
44. Property Taxes	Itemize the Property Taxes claimed on Line 26.
45. Hazard Insurance Premiums	Itemize the Hazard Insurance Premiums claimed on Line 27.
6. Property Preservation Costs	Itemize the Property Preservation Costs claimed on Line 28.
47. Statutory Disbursements	Itemize the Statutory Disbursements claimed on Line 29.
48. Other Disbursements	Itemize the Other Disbursements claimed on Line 30.
49. Required Enclosures	The loan payment history and property values are the only required enclosures for submission with the Claim For Loss. We will request the remaining documents if they are needed for processing or audit.
50. Status of Property	Check the occupancy status of the property as of the claim submitted date entered on Line 3. If occupied, enter the name of occupant.
	Enter the name and telephone number of the person from whom we may obtain access to the property.
51. Foreclosure Sale or Transfer Information	Enter foreclosure sale or property transfer date, foreclosure bid amount and name of successful bidder

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



52. Bankruptcy Filings (if applicable)	Enter Bankruptcy Chapter(s), File date(s) and Release Date(s)
53. Authorized Signature	The signature of an agent authorized to certify the correctness and completeness of the claim being filed.
54. Contact Name	The typed or printed name of the person signing as authorized agent.
55. Title/Department	The title of the person signing the claim and his/her title.
56. Phone	The telephone contact number of the authorized person.

48

4.5 line item instructions for a claim for loss

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



4.6 non-claimable items

Do not list items on the Claim For Loss form (TGIC.0134) that are not claimable under the Master Policy. The list below includes typical, but not all, items that are not claimable.

- Extended interest for unreasonable delays in the foreclosure process
- Delinquent real estate property taxes or liens due before the date of default (unless you obtain prior written approval from Triad Guaranty)
- Judgments or liens placed against the property
- Late charges or penalties imposed on the loan
- Late charges or liens from the Homeowner's Association
- Tax penalties
- Inspection photos
- Mortgage insurance premiums
- Property Inspections

4.6 non-claimable items

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



4.7 deductible items on the claim

There are many items associated with a loan that will be deducted from the claim calculation. This list is typical of what we see submitted in the claim that are not claimable and disallowed from the calculation when processing your claim. This list is not inclusive of all nonclaimable items.

- The positive balance in the escrow account as of the date the last regular payment was applied
- Buydown funds or other compensating balances pledged on the loan
- Rental or other income collected from the property
- Hazard insurance refunds
- Suspense or holding account funds
- Borrower contributions or partial payments
- Net proceeds amount from the sale of the property
- Restoration of the property

20

4.7 deductible items on the claim

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



4.8 comments section of the claim

Line 41 of the Claim For Loss form [TGIC.0134] provides a space for additional comments. In order to expedite the processing of your Claim For Loss please include the following information in this section.

- Foreclosure sale date
- HUD-1 settlement date
- Redemption date
- Redemption expiration date
- Execution or transfer date on a deed-in-lieu
- Current fair market value and date completed for appraisals or broker price opinions
- Occupancy status of the property at claim time
- Real estate broker information including agent's name, phone number, and/or email address
- Bankruptcy information including case number, bankruptcy chapter, file and release dates for all filings

27

4.8 comments section of the claim

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



4.9 claims settled without payment

There are times when a Claim For Loss request is closed and the coverage cancelled without payment. This typically happens when you receive make whole funds prior to settlement of the claim, if you fail to provide Triad Guaranty with all requested information to complete the processing of your claim after three written attempts to obtain the information and more than 60 days have elapsed since the last request, or if you are outside of the 180 or 240 day allowance for providing requested information, whichever shall occur first.

54

4.9 claims settled without payment

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



4.10 where payment is made

Upon validation, claim settlements are sent to the verified payee named on the Claim For Loss form. This is typically the servicer of the loan that is also listed on Line 14 of the Claim For Loss form [TGIC.0134]. However, if the loan is sold to Fannie Mae or Freddie Mac and you wish to have Triad Guaranty pay them directly, we will do so provided that you include their loan number on Line 21 of the Claim For Loss form as well as their name on Line 17 of the Claim for Loss form [TGIC.0134].

22

4.10 where payment is made

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



4.11 exclusions from coverage

As discussed in the Exclusions From Coverage section of your Master Policy, several situations may affect your benefits. Exclusions include, but are not limited to, the situations listed below. Please refer to your Master Policy for a complete listing.

- Pre-existing environmental conditions to the property
- Balloon payments
- Unapproved loan changes
- Failure to report a default or submit a claim on time

Your Master Policy also excludes coverage where there is physical damage to the property. This includes, but is not limited to:

- Catastrophic damage
- Vandalism
- Unfinished or partial property rehabilitation

Normal wear and tear to the property is not considered physical damage and will be reviewed upon receipt of the claim. Physical damage in excess of \$1,500 requires the restoration of the property to its original condition as of the date of insurance or that an adjustment be made for net harm caused to Triad Guaranty as a result of the damage.

54

4.11 exclusions from coverage

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



4.12 explanation of benefits (EOB)

To assist you with understanding the claim settlement amount that you received, we provide an explanation of benefits letter. The letter includes the following information:

- The expenses you filed in your request
- The expenses we allowed in your settlement
- Reasons certain expenses were disallowed or adjusted
- Vital information on when, how and who we paid

55

4.12 explanation of benefits (EOB)

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



4.13 supplemental claims

The settlement of a Claim For Loss is considered the full and final discharge of our obligation under the policy. However, if you forget to file an expense with the initial claim or your invoice was unavailable at filing of the claim, we will allow an additional 60 days from the settlement of the initial claim for you to file a supplemental claim for the additional expenses incurred and allowable during the delinquency through claim filing time frame.

56

4.13 supplemental claims

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



4.14 eminent domain requirements

In the event that part or all of the property is taken by eminent domain or other proceedings by a federal, state, or local governmental unit or agency, Triad Guaranty requires that all maximum permissible amounts of compensation awarded be applied to reduce the unpaid and insured principal balance of the loan in accordance with the law of the jurisdiction where the property is located.

5/

4.14 eminent domain requirements

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:

Failure to adhere to this guide in conjunction with the Master Policy may have serious effects on your rights to receive benefits. Violations of the provisions in either document may result in claim adjustments, claim denials, or a rescission of coverage.

email: lossmanagement@tgic.com

5.0 general

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



5.1 premium remittance on delinquent loans

If the mortgage defaulted and you reported the delinquency to Triad Guaranty during a covered mandatory period, you may continue to remit premiums. We recommend that you pay the premium as due on a valid delinquent loan until you extinguish the mortgage loan by acquiring the borrower's title. Continuing to pay premiums will protect the coverage in the event the default cures. If you do not remit premiums, coverage for the certificate will terminate on subsequent defaults. Payment of the premium will protect your loan from termination of coverage and relinquishment of benefits on subsequent defaults if the validated incidence of default cures. For additional or specific discussions regarding your account please contact Triad Guaranty.

ככ

5.1 premium remittance on delinquent loans

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



5.2 Triad Guaranty paper reduction initiative

Triad Guaranty continuously updates our processes and looks for ways to minimize our use of paper. Therefore, unless we request a specific document, please **do not** forward copies of all notices and pleadings filed or required in pursuing foreclosure or bankruptcy proceedings even though this is the procedure stated in the Appropriate Proceedings section of your Master Policy. The information may be passed through with your NOD or DSR each month.

Ю

5.2 Triad Guaranty paper reduction initiative

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



5.3 property inspections

You are required to take all steps necessary to preserve and protect the property. During the delinquency stage, if a workout has not been made or borrower contact has not been established, we recommend that property inspections begin thirty (30) days from the first missed payment and continue until the default cures or the property is disposed.

61

5.3 property inspections

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



5.4 disaster relief policy

For loans where the Federal Emergency Management Agency (FEMA) designates a geographic area as a major federal disaster, we will begin immediately to work with you and your borrowers to avoid delinquency and foreclosure. If the borrower's property or job is located in the disaster area and if the borrower's delinquency is worsened by the disaster, Triad Guaranty can provide assistance in several ways.

- 1. Standard workout programs or procedures
- 2. 90 day moratorium on any legal action against the borrower for delinquency
- 3. 90 day moratorium on continuation of pending legal actions against the borrower for delinquency

Fannie Mae or Freddie Mac must agree to any action taken by Triad Guaranty. You are required to notify Triad Guaranty of your intent to allow the 90-day moratorium either through the DSR or in writing prior to initiation of the moratorium.

02

5.4 disaster relief policy

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



5.5 deficiency judgment pursuits

In states where a deficiency is permitted, the potential for a deficiency pursuit may be the strongest leverage you have to encourage a borrower to work out his/her loan; therefore it is important that all collection and workout staff are well versed on the impact of local deficiency laws.

You should protect Triad Guaranty's rights to pursue the borrower on a deficiency for any benefit request in excess of \$5,000.00 unless we have informed you that we are waiving our rights. If the state that you are foreclosing in provides for alternative foreclosure processes and pursuit of the borrower is not warranted due to minimal assets or a bankruptcy filing, you should contact Triad Guaranty and discuss the prospect of recovery against the additional cost of preserving the rights for a deficiency.

Triad Guaranty reserves the right to raise any defenses against liability during the claim review process.

. 0 5

5.5 deficiency judgment pursuits

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:

Failure to adhere to this guide in conjunction with the Master Policy may have serious effects on your rights to receive benefits. Violations of the provisions in either document may result in claim adjustments, claim denials, or a rescission of coverage.

6.0 FAQs & forms

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102 Email:



6.0 FAQs

premiums

- **q:** Should I continue paying premiums once the loan is reported delinquent?
- a: We recommend paying the premium until you extinguish the mortgage loan by acquiring the borrower's title to the property. (See Section 5.1 for further details)

default notices (section 1.0)

- q: When should I report a delinquency?
- a: Within 45 days for a first payment default, within four months and ten days for other defaults or legal proceedings. (See Section 1.2 or further details)
- g: When should I send a delinquency status report to Triad Guaranty?
- a: Between the 20th and the last day of the month. A DSR is required every month on every delinquency that you report to Triad Guaranty. (See Section 1.4 for further details)
- q: Should I report a servicing transfer as a removal code "04".
- a: No. Report servicing transfer as a removal code "03" on all electronic reporting. Do not report a servicing transfer as a paid in full loan. The paid in full will trigger a curing of the loan.
- q: Do I need to forward copies of all bankruptcy documents and proceedings to Triad Guaranty?
- a: No. Notification of the chapter filing, the date of filing, and the relief, dismissal or release date through the NOD or DSR reporting is sufficient. (See Section 5.2 for further details)
- q: Should I send all documentation for legal pleadings notices to Triad Guaranty?
- a: No. Reporting the information through the initial NOD or the monthly DSR is sufficient. (See Section 5.2 for further details)

65

FAQs

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



default processes (section 1.0)

- q: What if the property is taken through the exercise of eminent domain?
- a: All permissible proceeds awarded will be applied to the unpaid principal balance of the outstanding loan. (See Section 4.14 for further details)
- q: How often should a property inspection be completed?
- a: We recommend one inspection per month. (See Section 5.3 for further details)

loss mitigation (section 2.0)

- q: What are the three major steps of a loan workout or loss mitigation?
- a: 1) Find out the reason for default. 2) Determine if the borrower wants to keep or sell the property. 3) Determine the borrower's ability to maintain payments or participate in the disposal of the property through financial analysis. (See Section 2.1 for further details)
- q: Do I need to contact Triad Guaranty for a repayment plan?
- a: Only if the plan allows for the loan to become more than six months in default during the repayment. (See Section 2.2 for further details)
- q: Do I need to contact Triad Guaranty for a forbearance plan?
- a: Only if the plan or agreement allows for the loan to become more than six months in default during the workout. (See Section 2.2 for further details)
- q: Do I need to contact Triad Guaranty if I modify the loan?
- a: Yes. Any change to the term, interest rate, principal balance, product type, property, or borrower liability requires Triad Guaranty's approval first. (See Section 2.2 for further details)

66

FAQs

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



- q: Do I need to contact Triad Guaranty for a partial claim advance?
- a: Yes. You must contact Triad Guaranty in writing with the amount needed for a partial claim. (See Section 2.2 for further details)
- q: Do I need to contact Triad Guaranty if I allow an assumption of the loan?
- a: Yes. Any release of borrower liability requires Triad Guaranty's approval first. (See Section 2.2 for further details)
- q: Do I need to contact Triad Guaranty if I want to do a short sale of the property?
- a: Yes. A short sale of the property requires Triad Guaranty's approval and participation in the loss. (See Section 2.2 for further details)
- q: Do I need to contact Triad Guaranty if I want to do a deed-in-lieu of foreclosure?
- a: Yes. A deed-in-lieu of foreclosure requires Triad Guaranty's approval and our participation in the loss. (See Section 2.2 for further details)
- q: Does Triad Guaranty ever contact borrowers directly?
- a: Yes. We work to supplement your loan counseling efforts. We will contact your "unable to contact" borrowers and begin gathering information to work towards a solution. (See Section 2.3 for further details)
- q: What do I do in case of a major federal disaster?
- a: Call Triad Guaranty right away. We allow for an immediate 90-day moratorium on the initiation or continuation of any legal action to give all parties the time needed to assess the situation. (See Section 5.4 for further details)
- q: If I try a workout after foreclosure has been initiated, will my claim be adjusted for any delay that the attempt caused?
- a: Workouts are welcome at anytime prior to a foreclosure sale. If you feel that a delay of the foreclosure is warranted, contact a Workout Specialist at Triad Guaranty for approval of the delay.

67

FAQs

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



foreclosure processes (section 3.0)

- q: Do I need to forward copies of all foreclosure documents and proceedings to Triad Guaranty?
- a: No. Triad Guaranty does not require you to forward copies of the foreclosure filings and proceedings, but does reserve the right to request such documentation if needed. You may send notification of dates and foreclosure status updates through the DSR reporting. (See Sections 1.7 and 5.2 for further details)
- q: What are the state foreclosure time frames?
- a: They vary by state and are listed in the State Foreclosure Time Frames table in Section 3.2.
- q: What should I do if I go beyond the state foreclosure time frame to complete the foreclosure?
- a: You should include a chronological listing of events from the date of default to the date of claim filing with explanations of the delays that caused your foreclosure process to go beyond the listed times. (See Section 3.2 for further details)
- q: When should I list my foreclosed property for sale?
- a: As soon as reasonable after you obtain borrower's title to the property. Review the post foreclosure requirements section for delays to this process. (See Section 3.7 for further details)

foreclosure bidding (section 3.0)

- q: How should I bid at the upcoming foreclosure sale?
- a: Unless Triad Guaranty instructs a specific bid, you should bid an amount at the foreclosure sale that is sufficient to obtain borrower's title to the property or to encourage a bid sale to a third party. The bid amount chosen should protect Triad Guaranty's rights to a deficiency recovery. (See Section 3.3 and 3.4 for further details)

68

FAQs

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:



deficiency pursuit (section 5.0)

- q: Does Triad Guaranty pursue deficiencies?
- a: Yes. We do individual and joint pursuits based on the loss and rights preserved. Our bidding guidelines will assist you in protecting those rights. (See Section 5.5 for further details)

foreclosure notices (section 3.0)

- q: When should foreclosure sale results be reported?
- a: Within 7 days of the foreclosure sale. (See Section 1.8 for further details)

real estate owned (section 3.0)

- q: Does Triad Guaranty need to approve offers on our real estate owned properties?
- a: Yes. You are required to contact Triad Guaranty for approval prior to accepting any offers on a property until the claim is paid. (See Section 3.7 for further details)

claim processes (section 4.0)

- q: When should a Claim For Loss be filed?
- a: Within 60 days of acquiring borrower's title to the property either through a foreclosure sale or approved owner transfer/property sale. (See Section 4.2 for further details)
- q: What items make up a Claim For Loss?
- a: The unpaid principal balance, accrued delinquent interest, and expenses less income plus assets. (See Section 4.4, 4.5, 4.6, 4.7, and 4.8 for further details)
- q: What is an explanation of benefits letter or an EOB?
- a: An EOB is a letter that states how a claim was settled. It provides you with a snapshot of the claim as it was received and a snapshot of how the claim was settled. Any adjustments made by us to the claim are explained in this letter. (See Section 4.12 for further details)

69

FAQs

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:

Triad Guaranty Insurance Corporation, In Rehabilitation

P.O. Box 2300

Winston Salem, NC 27102 Phone: 800-628-4744



Fax: 336-499-0064 **NOTICE OF DEFAULT** Email: defaults@tgic.com

In accordance with our Master Policy, we hereby notify Triad Guaranty Insurance Corporation, In Rehabilitation that the Borrower named below has defaulted in the monthly payments on the loan insured under the Master Policy and Certificate described

MI CERTIFICATE NUMBER			SERVICER LOA	AN NUMBER		
SERVICER NAME		1				
SERVICER ADDRESS	Street	Ci	ty	State		Zip Code
						·
nvestor (Check One):	FHLMC FNMA	OTHER		Investor Lo	an #	
Mortgagor Name: First	Middle	La	ıst	Mortgagor Social S	Security N	umber
	<u> </u>					
Co-Mortgagor Name: First	Middle	La	ıst	Co-Mortgagor Soc	ial Securit	v Number
	•			0.0		•
Property Address	Street	Ci	tv	State		Zip Code
roporty risurces	0001	0.	.,	State		2.p 0000
Mailing Address If Different	Street	Ci	4.7	State		Zip Code
vialing Address if Different	Street	Ci	ty	State		Zip Code
Laws Discuss Niverban			Maria Diagram No.			
Home Phone Number			Work Phone Nu	mber		
CURRENT PRINCIPAL BALANCE (exclude all delinquent interest, et	c)	Total Delinquent	t Amount		
LOAN DUE FOR DATE	Month Day	Year	BANKRU	File D	ate	Chapter
			BANKKU	PICY		
REASON FOR NONPAYMENT (Che	eck One)			•		•
Business Failure Death Disregard for Obligation Excessive Use of Credit	Hazard/Casualty Loss Illness/Medical	inability to Sell Marital Problems Military Service Moved/Abandoned	Paymen Paymen	Explain Below) t Adjustment t Dispute y Problems	Trai	tailment of Income nsfer of Ownership nown (Explain Below) employment
S THIS A FIRST PAYMENT DEFAU	II T2	1	OCCUBANCY S	STATUS (Check One	۸.	
S THIS A FIRST PAYMENT DEFAU	DE1?					7
Yes	No		Mortgagor	Tenan	it _	Vacant
		Mo	nth	Day		Year
DATE OF LAST MORTGAGE CONV	'ERSION:	1010		Day		1041
SERVICER'S NEXT ACTION WILL E	RE (Chook One)					
Foreclosure Loan Modification/Worl	Offer to	Take Voluntary Co	onveyance (DIL)	Recon	nmended	Mortgagor List for Sale
		Refinance				
Negotiate Payment Pla	n Promise	e to PayDate: (If	available)			
DESCRIBE SERVICER'S COLLECT	ION EFFORTS					
SERVICER CONTACT						
SERVICER PHONE NUMBER & EX	Т	EMAIL				DATE
	<u> </u>					

TGIC.0125.0113

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:

DEFAULT REPORTING - defaults@tgic.com CLAIMS - claims@tgic.com LOSS MITIGATION - hope@tgic.com FORECLOSURE - defaults@tgic.com

TG 22 - notice of default form

70

▲Triad Guaranty

DELINQUENCY STATUS REPORT

ORTGAGE INSURANCE COMPANY TRIAD GUARANTY INSURANCE			DATE:	
SERVICER NAME AND ADDRESS (Incl	uding City, State and	l Zip Code)	SERVI	CER LOAN NUMBER
ATTN:				
			MI CE	RTIFICATE NUMBER
			INVES	TOR (CHECK ONE)
			☐ FHLMC	☐ FNMA ☐ OTH
			INVES	TOR LOAN NUMBER
MORTGAGOR NAME AND PROPERTY ADD	RESS (Including City,	State and Zip Cod	e)	
LOAN STATUS CURED (Loan brought current or			sed/REO.)	
SERVICING TRANSFERRED (Loan ha	CURRENT PAI:			
Servicer Name (if known)	the Following:			
REMAINS DELINQUENT Complete CURRENT PRINCIPAL BALANCE (Exclud		FOR DATE (MM/DD/YY)	OCCUPANCY STATUS	Check One)
delinquent interest, etc.) \$	e all BOAN DOE I		MORTGAGOR TENANT	VACANT UNKNOWN
Bankruptcy Chronic Delinquent Casualty Loss Death	Dissatisfied w/Prop Excess Use of Credi Incarceration Illness Inability To Rent Marital Problems		Adjustment	Loss Of Income sfer Of Ownership own ployment
Chronic Delinquent	Loan Assumed Loan Modification Loan Refinanced Negotiate Payment F	No Action Other Vo Other Promise	lun Convync 🔲 Shor	mmend Sale t Sale
☐ Bankruptcy: Yes No For Date Referred for Redemption	ile Date:// Expiration Claim F	Chapter Filed:	Discharge Date:	// Date Title Acquired
oreclosure Date (if app				-
COMMENTS:				
1. Please return no later th	an the 20th of this	s month.		
OMPLETED BY				
	TELEPHONE NUMBER	FAX NUMBER	E-MAIL	DATE COMPLETED
SERVICER CONTACT NAME	()	()		

TG 23 - delinquency status report

71

Fax: (336) 723-1001

www.triadguaranty.com

Mail:
Triad Guaranty Insurance Corporation,
In Rehabilitation
Loss Management Department
Post Office Box 2300
Winston Salem, NC 27102

Email:



FAX NUMBER: (336) 499-0064 EMAIL ADDRESS: defaults@tgic.com

FORECLOSURE SALE RESULTS

Please fax or email this form to Triad Guaranty within 7 days of the foreclosure sale date. Certificate Number: _____ Servicer Loan Number: ____ Foreclosure Sale Date: ______ Redemption Expiration Date (if applicable): _____ Investor Name: ☐ FNMA ☐ FHLMC ☐ Other (List Name and Address) Name: Address: _ Investor Loan Number: _____ Estimated Total Debt: ____ _____ Final Bid at Sale: ___ Current Market Value of Property: ______ Date Completed: __ ■ Appraisal* ☐ Interior BPO* ■ Exterior BPO* (Check One) *For value reimbursement, please include a copy of the BPO/Appraisal with your claim-for-loss submission. Listing Agent's Name: _ Listing Agent's Telephone Number: _____ List Price of Subject Property: Triad Guaranty Insurance Corporation, In Rehabilitation 101 South Stratford Road Winston-Salem, NC 27104

TGIC.0138.0113

TGIC.0138 foreclosure sale results form

Fax: (336) 723-1001

Post Office Box 2300

Winston Salem, NC 27102 (800) 628-4744 ext. 7003 / (336) 723-1282 ext. 7003

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:

DEFAULT REPORTING - defaults@tgic.com CLAIMS - claims@tgic.com LOSS MITIGATION - hope@tgic.com FORECLOSURE - defaults@tgic.com

72



CLAIM FOR LOSS

Triad Guaranty Insurance Corporation, In Rehabilitation P.O. Box 2300 Winston-Salem, NC 27102 Phone: 336-761-5177 Fax: 336-723-1001 Email: claims@tgic.com

1.	Insurance Type	2. Claim Type	☐ Initial ☐ Supple	emental 3.	Date This Claim S	ubmitted
	☐ Primary ☐ Pool		☐ Other			
4.	Insured's Name			5.	Insured's Loan	Number
6.	Address			7.	Certificate Num	nber
8.	City	State	Ziŗ	Code 9.	Master Policy N	Number
10.	Borrower Name(s)			11.	% Coverage	12. Type Coverage
13.	Property Address (Incl	luding City, State an	d Zip Code)			
14.	Servicer Name (If diffe	erent from Insured's	Name)	15.	Servicer Loan I	Number
16.	Servicer Address (Incl	luding City, State an	d Zip Code) (If different	from Insured)		
17.	Payee Name (If differe	ent than Insured's N	ame)	18.	Payee Loan Nu	ımber
19.	-		Zip code) (If different tha			
20.	Investor Name (If diffe	rent than Payee's N	ame)	21.	Investor Loan N	Number
	mable Items:			. Ф		
22.			rough / /			
23.	Accumulated Interest:		/ =Dav			
24.	Sub-total Principal and			ys @	_	\$
	ense Information:					T
25.	Attorney's Fees					
26.	Property Taxes					
27.	Hazard Insurance Pre					
28.	Property Preservation					
29.	Statutory Disbursemen	nts				
30.	Other Disbursements	(T		\$		•
31. Dec	Sub-total Claimable Ite luctible Items:	ems (Total Lines 24	through 30)			\$
32.	Escrow Account Balan	nce		\$		
33.	Net Rental Proceeds					
34.	Pledged Savings, Buy	downs, or Other Fur	nds Held for Insured			
35.	Insurance Proceeds					
36.	Other Deductions (Atta	ach Explanation)				
37.	Sub-total Deductible It		Through 36)			\$
38.	Total claim amount (Li	ine 31 Minus Line 37	7)			\$
39.	Less Adjustments, if a	ny (Attach Explanat	ion)			\$
40.	Adjusted Claim Amour	nt (Line 38 Minus Lir	ne 39)			\$
41. C	Comments:					
						\$
42.	ARM Interest Rate Info		Unpaid Principal Bala	nce (from line 22)		
	Rate	From	То	nce (from line 22) Number	of Days	Amount
	Rate				of Days	Amount \$
1	Rate%	From	То		of Days	
1 2	Rate%	From _/ /	To		of Days 	\$
2	Rate%	From _// _//	To/		of Days	\$ \$
1 2 3 4	### Rate	From _' ' '' ' '	To	Number		\$ \$ \$
1 2 3 4	Rate % % % ense Information: Type	From _' ' '' ' '				\$\$\$\$ \$\$ Amount
1 2 3 4	### Rate	From _' ' '' ' '	To	Number		\$\$ \$\$
1 2 3 4	Rate % % % ense Information: Type	From _' ' '' ' '	To	Number of the second of the se		\$\$ \$\$ Amount \$\$ \$\$
1 2 3 4 Exio	Rate % % % ense Information: Type Attorney's Fees	From _' ' '' ' '	To	Number of the second of the se		\$\$ \$\$ Amount \$\$
1 2 3 4 43. /	Rate % % % ense Information: Type Attorney's Fees	From _' ' '' ' '	To	Number of the second of the se		\$\$ \$\$ Amount \$\$ \$\$
1 2 3 4 Exp 43. / 44. I Tax I	% % % % ense Information: Type Attorney's Fees	From _' ' '' ' '	To	Number of the second of the se		\$\$ \$\$ *** *** *** *** ***

TGIC.0134 - claim for loss form page 1 of 2

Fax: (336) 723-1001

www.triadguaranty.com

Mail:

Triad Guaranty Insurance Corporation, In Rehabilitation Loss Management Department Post Office Box 2300 Winston Salem, NC 27102

Email:

DEFAULT REPORTING - defaults@tgic.com CLAIMS - claims@tgic.com LOSS MITIGATION - hope@tgic.com FORECLOSURE - defaults@tgic.com

73

	azard Insurance Premiums					
⊨ttecti Fffecti	ive/to// ive/to//				\$	
Effecti	ive/to/				\$ \$	
				Total (Enter on Line 2		
46. Pr	roperty Preservation Costs				\$ \$	
					\$	
				Total (Enter on Line 2	\$	
47 St	tatutory Disbursements			Total (Enter on Line 2	\$	
					\$	
					\$	
				Total (Enter on Line 2		
48. O	ther Disbursements				\$	
					\$ \$	
					\$	
				Total (Enter on Line 3		
	equired Enclosures:		Addit	ional Enclosures (If Applicabl	e):	
	an Payment History from default			by of Primary MI Claim for Loss,	, settlement che	ck and EOB, if
	O/Appraisals claimed					
50. Is	property □ vacant or □ occupied?	If occupied, please	e state name	of occupant:		
	ey to property may be obtained from:			Telephone: (
51. Fc	oreclosure sale or property transfer d	ate:	//	_ Foreclosure bid amoun	it: \$	
	uccessful bidder:					
52. Ba	ankruptcy filings (if applicable):					
Cł	hapter File date	/ /	Release o	date / /		
	hapter File date					
an in misle misle civil be re omis	RNING: Any person who leading or fraudulent info eading the company, may and/or criminal penalties rescinded or a claim dentession or concealment and rovided fraudulently.	or a claim for rmation, or be guilty of , denial of b ied if the in	r the pay conceals insurance enefits a surer rel	ment of loss containir s any material informa ce fraud. Such person nd/or imprisonment. I ied on any misstaten	ng any inco ation for th may be su nsurance o nent. misre	mplete, false, e purpose of bject to fines, coverage may presentation.
an in misle civil be re omis or pr WARI	nsurance application and/ eading or fraudulent info eading the company, may and/or criminal penalties rescinded or a claim den ssion or concealment and rovided fraudulently. NING: ME, TN, VA, WA: It is a rance company for the purpose	or a claim for mation, or be guilty of be guilty of bied if the insuch misinforce to know crime to know	or the pay conceals insurance enefits a surer rel ormation	ment of loss containir any material informa- ce fraud. Such person nd/or imprisonment. I ied on any misstaten or omission was mate	ng any inco ation for th may be su nsurance o nent, misre erial to the	mplete, false, e purpose of bject to fines, overage may presentation, risk assumed
an in misle civil be re omis or pr WARI	nsurance application and/ eading or fraudulent info eading the company, may and/or criminal penalties escinded or a claim den ssion or concealment and rovided fraudulently. NING: ME, TN, VA, WA: It is a	or a claim for mation, or be guilty of be guilty of bied if the insuch misinforce to know crime to know	or the pay conceals insurance enefits a surer rel ormation	ment of loss containir any material informa- ce fraud. Such person nd/or imprisonment. I ied on any misstaten or omission was mate	ng any inco ation for th may be su nsurance o nent, misre erial to the	mplete, false, e purpose of bject to fines, overage may presentation, risk assumed
an in misle civil be recomisor pr WARI nsuratines war appurperson a circle.	nsurance application and/ eading or fraudulent info eading the company, may and/or criminal penalties escinded or a claim den ession or concealment and rovided fraudulently. NING: ME, TN, VA, WA: It is a ance company for the purpose and denial of benefits. NING: NY: "Any person who knoplication for insurance or stat ose of misleading, information erime and shall also be subject	or a claim for rmation, or be guilty of be guilty of claim for the insuch misinform of defrauding the concerning and we concerning and concer	or the pay conceals insurant concentration or mation wingly progethe comparishment to containing y fact mate	ment of loss containing any material informatice fraud. Such person nd/or imprisonment. I lied on any misstaten or omission was material. Penalties for such a contain of defraud any insurance of gany materially false informatical thereto, commits a fra	ng any inco ation for th may be su nsurance conent, misre erial to the misleading in an act include ompany or of ormation, or of udulent insur	mplete, false, e purpose of bject to fines, coverage may presentation, risk assumed formation to an e imprisonment, ther person files conceals for the rance act, which
an in misle civil be recomis or pr WARI insuratines WARI an appurpois a c c c c laim WARI the ir	nsurance application and/eading or fraudulent info eading the company, may and/or criminal penalties rescinded or a claim den ession or concealment and rovided fraudulently. NING: ME, TN, VA, WA: It is a rance company for the purpose and denial of benefits. NING: NY: "Any person who kroplication for insurance or statose of misleading, information trime and shall also be subject for each such violation." NING: DC: "It is a crime to pronsurer or any other person. F	or a claim for rmation, or be guilty of be guilty of jed if the insuch misinform of defrauding mowingly and we ment of claim concerning any to a civil penal vide false or menalties include	or the pay conceals insurant penefits a series relation wingly progethe composite the containing a fact material ty not to emisleading it de impriso	ment of loss containing any material information fraud. Such person mod/or imprisonment. I lied on any misstaten or omission was materially. Penalties for such a contain thereto, commits a france of the such a containing	ng any inco ation for the may be su nsurance of nent, misre erial to the misleading in an act include company or of ormation, or of audulent insurers and the sta- or the purposidition, an in-	mplete, false, e purpose of bject to fines, coverage may presentation, risk assumed formation to an e imprisonment, ther person files conceals for the rance act, which atted value of the se of defrauding
an in misle civil be recomisor pr WARI insurations a ciclaim WARI the insurations are circular to the insuration are circular to the circular to the insuration are circular to the c	nsurance application and/eading or fraudulent info eading the company, may and/or criminal penalties escinded or a claim den ession or concealment and rovided fraudulently. NING: ME, TN, VA, WA: It is a ance company for the purpose and denial of benefits. NING: NY: "Any person who kroplication for insurance or statose of misleading, information rime and shall also be subject for each such violation." NING: DC: "It is a crime to pronsurer or any other person. Fance benefits, if false information."	or a claim for mation, or be guilty of be guilty of general of being in the insuch misinform of defrauding movingly and we ment of claim concerning and to a civil penal vide false or menalties included materially re-	or the pay conceals insurant penefits a series relormation wingly progethe composite the containing fact materially not to emisleading ide impriso elated to a	ment of loss containing any material information fraud. Such person md/or imprisonment. I ied on any misstaten or omission was materially Penalties for such a containing any materially false information to an insurer frament and/or fines. In ad claim was provided by the	ng any inco ation for the may be su nsurance of nent, misre erial to the misleading in an act include company or of ormation, or of udulent insures and the state or the purpose ldition, an in-	mplete, false, e purpose of bject to fines, coverage may presentation, risk assumed formation to an e imprisonment, ther person files conceals for the rance act, which ted value of the se of defrauding surer may deny
an in misle civil be recomised on previous was in appurpediate was	nsurance application and/ eading or fraudulent info eading the company, may and/or criminal penalties escinded or a claim den ession or concealment and rovided fraudulently. NING: ME, TN, VA, WA: It is a rance company for the purpose and denial of benefits. NING: NY: "Any person who kr oplication for insurance or stat ose of misleading, information erime and shall also be subject to for each such violation." NING: DC: "It is a crime to pro mance benefits, if false informati RNING: CA: For your prote person who knowingly pr	or a claim formation, or be guilty of be guilty of bied if the insuch misinform to know e of defrauding mowingly and wement of claim concerning any to a civil penalties include on materially rection Califor esents a fals	or the pay conceals insurance enefits a surer religion or mation wingly proof the composith intent to containing the containing in the con	ment of loss containing any material informate any material informate fraud. Such person and/or imprisonment. I lied on any misstaten or omission was materialse, incomplete or loany. Penalties for such a contain definition of the provided five thousand dollar information to an insurer from the provided by the equires the following a dulent claim for the part of th	ng any inco ation for th may be su nsurance on nent, misre erial to the misleading in an act include ompany or of ormation, or of undulent insurers and the sta or the purpose didition, an in- applicant."	mplete, false, e purpose of bject to fines, coverage may presentation, risk assumed formation to an e imprisonment, ther person files conceals for the rance act, which atted value of the se of defrauding surer may deny in this form.
an in miske miske civil be ris or pr wwARI nsurr fines wARI the ir nsurr wARI wARI the jr nsurr wARI dan gguilt	nsurance application and/ eading or fraudulent info eading the company, may and/or criminal penalties escinded or a claim den ession or concealment and rovided fraudulently. NING: ME, TN, VA, WA: It is a ance company for the purpose and denial of benefits. NING: NY: "Any person who kr oplication for insurance or stat ose of misleading, information erime and shall also be subject in for each such violation." NING: DC: "It is a crime to pro nsurer or any other person. F ance benefits, if false informati RNING: CA: For your prote person who knowingly pr ty of a crime and may be s	or a claim formation, or be guilty of be guilty of bed if the insuch misinform to know e of defrauding nowingly and wement of claim concerning any to a civil penalties include the control of the contro	or the pay conceals insurance insurance enefits a surer releasement or mation wingly proof the composite intent to ene insieading it de impriso elated to a rrial law releasement con es and cores and cores energials.	ment of loss containing any material informate any material informate fraud. Such person and/or imprisonment. I lied on any misstaten or omission was materials and the many. Penalties for such a contain the many of the man	ng any inco ation for th may be su nsurance on the surance of the surance of the surance of the misleading in an act include to ompany or of the surance of the surance or the purpose didition, an incomplication."	mplete, false, e purpose of bject to fines, coverage may presentation, risk assumed formation to an e imprisonment, ther person files conceals for the rance act, which red value of the se of defrauding surer may deny on this form.
an in	nsurance application and/eading or fraudulent info eading the company, may and/or criminal penalties escinded or a claim den esion or concealment and rovided fraudulently. NING: ME, TN, VA, WA: It is a rance company for the purpose and denial of benefits. NING: NY: "Any person who knoplication for insurance or states of misleading, information trime and shall also be subject for each such violation." NING: DC: "It is a crime to proper and benefits, if false informations or the person. France benefits, if false information in the person who knowingly properson who knowingly properson who knowingly properson and may be senting."	or a claim formation, or be guilty of be guilty of bied if the insuch misinform or to know e of defrauding mowingly and wement of claim concerning any to a civil penalties included momentally rection Caliform esents a falsubject to fine ction Arizon.	or the pay conceals insurance enefits a surer religion of the composite in the containing of the containing of the containing of the containing in the conta	ment of loss containing any material informate any material informate any material informate informate information many misstaten or omission was material. Penalties for such a contain many materially false information to an insurer formation to	ng any inco ation for the may be su neut, misre- erial to the misleading in an act include ompany or of ormation, or of cudulent insu- rs and the sta- or the purpose idition, an in- applicant." to appear of ayment of a ison.	mplete, false, e purpose of bject to fines, coverage may presentation, risk assumed formation to an e imprisonment, ther person files conceals for the rance act, which ated value of the se of defrauding surer may deny in this form.
an in	nsurance application and/ eading or fraudulent info eading the company, may and/or criminal penalties escinded or a claim den ession or concealment and rovided fraudulently. NING: ME, TN, VA, WA: It is a ance company for the purpose and denial of benefits. NING: NY: "Any person who kr oplication for insurance or state one of misleading, information rime and shall also be subject for each such violation." NING: DC: "It is a crime to pro nsurer or any other person. Fi ance benefits, if false informati RNING: CA: For your prote person who knowingly pr try of a crime and may be s RNING: AZ: For your prote form. Any person who know	or a claim formation, or be guilty of be guilty of be guilty of guilty of guilty of guilty of the insuch misinform of the crime to know e of defrauding the concerning and to a civil penalties included materially rection Caliform esents a falsubject to fine cution Arizon owingly pres	or the pay conceals insurance enefits a surer religion mation wingly proof the composite interest in containing fact material law religion in the containing	ment of loss containing any material informate any material informate any material informate informate information many misstaten or omission was material. Penalties for such a contain many materially false information to an insurer formation to	ng any inco ation for the may be su neut, misre- erial to the misleading in an act include ompany or of ormation, or of cudulent insu- rs and the sta- or the purpose idition, an in- applicant." to appear of ayment of a ison.	mplete, false, e purpose of bject to fines, coverage may presentation, risk assumed formation to an e imprisonment, ther person files conceals for the rance act, which the value of the se of defrauding surer may deny in this form.
an in	nsurance application and/ eading or fraudulent info eading the company, may and/or criminal penalties escinded or a claim den ession or concealment and rovided fraudulently. NING: ME, TN, VA, WA: It is a ance company for the purpose and denial of benefits. NING: NY: "Any person who kr oplication for insurance or state of misleading, information erime and shall also be subject to for each such violation." NING: DC: "It is a crime to pro neare or any other person. F surce benefits, if false informati RNING: CA: For your prote person who knowingly pr ty of a crime and may be s RNING: AZ: For your prote form. Any person who know is subject to criminal and	or a claim formation, or be guilty of be guilty of be guilty of guilty of guilty of guilty of the insuch misinform of the crime to know e of defrauding the concerning and to a civil penalties included materially rection Caliform esents a falsubject to fine cution Arizon owingly pres	or the pay conceals insurance enefits a surer religion mation wingly proof the composite interest in containing fact material law religion in the containing	ment of loss containing any material informate any material informate any material informate informate information many misstaten or omission was material. Penalties for such a contain many materially false information to an insurer formation to	ng any inco ation for the may be su neut, misre- erial to the misleading in an act include ompany or of ormation, or of cudulent insu- rs and the sta- or the purpose idition, an in- applicant." to appear of ayment of a ison.	mplete, false, e purpose of bject to fines, coverage may presentation, risk assumed formation to an e imprisonment, ther person files conceals for the rance act, which ated value of the se of defrauding surer may deny in this form.
an in	nsurance application and/ eading or fraudulent info eading the company, may and/or criminal penalties escinded or a claim den ession or concealment and rovided fraudulently. NING: ME, TN, VA, WA: It is a ance company for the purpose and denial of benefits. NING: NY: "Any person who kr oplication for insurance or state or of misleading, information erime and shall also be subject to reach such violation." NING: DC: "It is a crime to pro nsurer or any other person. Fi ance benefits, if false information and the subject to gramma and may be s RNING: AZ: For your prote form. Any person who kno is subject to criminal and m Authorization:	or a claim formation, or be guilty of be guilty of be guilty of guilty of guilty of guilty of the insuch misinform of the crime to know e of defrauding and the concerning and to a civil penalties included materially resents a falsubject to fine ction Arizon owingly presenticy of the civil penalticy of the civil penaltic	or the pay conceals insurance enefits a surer religiormation wingly proof the composite interest in containing fact material law rate elated to a rmia law rate es and containing the containing in the law rate armia law rate energian law received as law received as faces.	ment of loss containing any material informate fraud. Such person nd/or imprisonment. I ied on any misstaten or omission was material or omission was materially false information to an insurer of any materially false information to an insurer frament and/or fines. In addiain was provided by the equires the following the diameter of the particular of th	ng any inco ation for the may be su nsurance conent, misre erial to the misleading in an act include ompany or of ormation, or of udulent insulars and the sta or the purposidition, an in- applicant." to appear of a syment of a ison.	mplete, false, e purpose of bject to fines, coverage may presentation, risk assumed formation to an e imprisonment, ther person files conceals for the race act, which ated value of the se of defrauding surer may deny on this form. I loss is appear on yment of a
an in	nsurance application and/ eading or fraudulent info eading the company, may and/or criminal penalties escinded or a claim den ession or concealment and rovided fraudulently. NING: ME, TN, VA, WA: It is a ance company for the purpose and denial of benefits. NING: NY: "Any person who kr oplication for insurance or state of misleading, information erime and shall also be subject to for each such violation." NING: DC: "It is a crime to pro neare or any other person. F surce benefits, if false informati RNING: CA: For your prote person who knowingly pr ty of a crime and may be s RNING: AZ: For your prote form. Any person who know is subject to criminal and	or a claim formation, or be guilty of be guilty of bed if the insuch misinform of the crime to know e of defrauding mowingly and wement of claim concerning any to a civil penaltic on the control of the crime to a civil penaltic or the control of the crime to a civil penaltic or the crime to a civil penaltic or the crime to a civil penaltic crime to a civ	or the pay conceals insurance insurance enefits a surer relevantion wingly proof the composite interest in containing y fact materity not to enefit energy fact materity not to energy fact materials and energy fact materi	ment of loss containing any material informate any material informate for fraud. Such person and/or imprisonment. I lied on any misstaten or omission was materials and any materials for such a contain the reto, commits a france of the first the reto, commits a france of the first the reto, commits a france of the first the reto, commits a france of the thousand dollar formation to an insurer france of the first the following the requires the following the following state or fraudulent claim for the participation of the following state or fraudulent claim for the participation of the following state or fraudulent claim for the participation of the following state or fraudulent claim for the participation.	ng any inco ation for th may be su nsurance of nent, misre erial to the misleading in an act include company or of promation, or of compation, or of compation or of a spolicant."	mplete, false, e purpose of bject to fines, coverage may presentation, risk assumed formation to an e imprisonment, ther person files conceals for the rance act, which the value of the se of defrauding surer may deny on this form. I loss is appear on yment of a
an in	nsurance application and/eading or fraudulent info eading the company, may and/or criminal penalties escinded or a claim den esion or concealment and rovided fraudulently. NING: ME, TN, VA, WA: It is a ance company for the purpose and denial of benefits. NING: NY: "Any person who know the person of misleading, information rime and shall also be subject for each such violation." NING: DC: "It is a crime to pronsurer or any other person. France benefits, if false informations and crime and shall also be subject to criminal and the person who knowingly preson who knowingly preson who knowingly preson a crime and may be subject to criminal and mauthorization: Buy certify that the statements of the property is or might be subject to property is or might be subject to property is or might be subject.	or a claim formation, or be guilty of be guilty of bed if the insuch misinform of the crime to know e of defrauding mowingly and wement of claim concerning any to a civil penaltic on the control of the crime to a civil penaltic or the control of the crime to a civil penaltic or the crime to a civil penaltic or the crime to a civil penaltic crime to a civ	or the pay conceals insurance insurance enefits a surer relevantion wingly proof the composite interest in containing y fact materity not to enefit energy fact materity not to energy fact materials and energy fact materi	ment of loss containing any material informate any material informate for fraud. Such person and/or imprisonment. I lied on any misstaten or omission was materials and any materials for such a contain the reto, commits a france of the first the reto, commits a france of the first the reto, commits a france of the first the reto, commits a france of the thousand dollar formation to an insurer france of the first the following the requires the following the following state or fraudulent claim for the participation of the following state or fraudulent claim for the participation of the following state or fraudulent claim for the participation of the following state or fraudulent claim for the participation.	ng any inco ation for th may be su nsurance of nent, misre erial to the misleading in an act include company or of promation, or of compation, or of compation or of a spolicant."	mplete, false, e purpose of bject to fines, coverage may presentation, risk assumed formation to an e imprisonment, ther person files conceals for the rance act, which the value of the se of defrauding surer may deny on this form. I loss is appear on yment of a
an in	nsurance application and/eading or fraudulent info eading the company, may and/or criminal penalties escinded or a claim den esion or concealment and rovided fraudulently. NING: ME, TN, VA, WA: It is a ance company for the purpose and denial of benefits. NING: NY: "Any person who know the person of misleading, information rime and shall also be subject for each such violation." NING: DC: "It is a crime to pronsurer or any other person. France benefits, if false informations and crime and shall also be subject to criminal and the person who knowingly preson who knowingly preson who knowingly preson a crime and may be subject to criminal and mauthorization: Buy certify that the statements of the property is or might be subject to property is or might be subject to property is or might be subject.	or a claim formation, or be guilty of be guilty of bed if the insuch misinform of the crime to know e of defrauding mowingly and wement of claim concerning any to a civil penaltic on the control of the crime to a civil penaltic or the control of the crime to a civil penaltic or the crime to a civil penaltic or the crime to a civil penaltic crime to a civ	or the pay conceals insurance insurance enefits a surer relevantion wingly proof the composite interest in containing y fact materity not to enefit energy fact materity not to energy fact materials and energy fact materi	ment of loss containing any material informate any material informate for fraud. Such person and/or imprisonment. I lied on any misstaten or omission was materials and any materials for such a contain the reto, commits a france of the first the reto, commits a france of the first the reto, commits a france of the first the reto, commits a france of the thousand dollar formation to an insurer france of the first the following the requires the following the following state or fraudulent claim for the participation of the following state or fraudulent claim for the participation of the following state or fraudulent claim for the participation of the following state or fraudulent claim for the participation.	ng any inco ation for the may be su nsurance conent, misre erial to the misleading in an act include company or of ormation, or of udulent insurers and the sta or the purposidition, an in- experience of a son. atement to a for the pa	mplete, false, e purpose of bject to fines, coverage may presentation, risk assumed formation to an e imprisonment, ther person files conceals for the rance act, which red value of the se of defrauding surer may deny in this form. I loss is appear on yment of a
an in misk misk misk with misk with misk with misk misk misk misk misk misk misk misk	nsurance application and/leading or fraudulent info eading the company, may and/or criminal penalties escinded or a claim den esion or concealment and rovided fraudulently. NING: ME, TN, VA, WA: It is a ance company for the purpose and denial of benefits. NING: NY: "Any person who know the person of misleading, information erime and shall also be subject for each such violation." NING: DC: "It is a crime to promourer or any other person. Finance benefits, if false information is an experience of misleading person who knowingly proposed to crime and may be subject to criminal and mauthorization: aby certify that the statements of elete until all applicable document of property is or might be subject ments.	or a claim formation, or be guilty of be guilty of bed if the insuch misinform of the crime to know e of defrauding mowingly and wement of claim concerning any to a civil penaltic on the control of the crime to a civil penaltic or the control of the crime to a civil penaltic or the crime to a civil penaltic or the crime to a civil penaltic crime to a civ	or the pay conceals insurance insurance enefits a surer relation wingly prorest to compare the compare the containing statement of the contain	ment of loss containing any material informate fraud. Such person nd/or imprisonment. I ied on any misstaten or omission was material or omission was materially false, incomplete or many. Penalties for such a contain of the penalties of the penalties for such a contain the penalties of the pena	ng any inco ation for the may be su nsurance conent, misre erial to the misleading in an act include company or of ormation, or of udulent insurers and the sta or the purposidition, an in- experience of a son. atement to a for the pa	mplete, false, e purpose of bject to fines, coverage may presentation, risk assumed formation to an e imprisonment, ther person files conceals for the rance act, which red value of the se of defrauding surer may deny in this form. I loss is appear on yment of a
an in misk misk with with misk with with with with with with with with	nsurance application and/leading or fraudulent info eading the company, may and/or criminal penalties escinded or a claim den esion or concealment and rovided fraudulently. NING: ME, TN, VA, WA: It is a ance company for the purpose and denial of benefits. NING: NY: "Any person who know the polication for insurance or state of misleading, information erime and shall also be subject for each such violation." NING: DC: "It is a crime to promourer or any other person. Find a promount information in the person who knowingly proposed to crime and may be subject to criminal and in Authorization: Boy certify that the statements of the person who knowingly proposed to the criminal and in Authorization: Authorization: Authorized Signature	or a claim formation, or be guilty of be guilty of bed if the insuch misinform of the crime to know e of defrauding mowingly and wement of claim concerning any to a civil penaltic on the control of the crime to a civil penaltic or the control of the crime to a civil penaltic or the crime to a civil penaltic or the crime to a civil penaltic crime to a civ	or the pay conceals insurance insurance enefits a surer releasement or mation wingly proregithe composite the containing the containing the containing of the containing th	ment of loss containing any material informate fraud. Such person nd/or imprisonment. I ied on any misstaten or omission was material or omission was materially false, incomplete or many. Penalties for such a contain defend any insurance of any materially false information to an insurer frament and/or fines. In adclaim was provided by the containing the following of dulent claim for the parameter of the paramet	ng any inco ation for the may be su nsurance conent, misre erial to the misleading in an act include company or of ormation, or of udulent insurers and the sta or the purposidition, an in- experience of a son. atement to a for the pa	mplete, false, e purpose of bject to fines, coverage may presentation, risk assumed formation to an e imprisonment, ther person files conceals for the rance act, which red value of the se of defrauding surer may deny in this form. I loss is appear on yment of a
an in	nsurance application and/leading or fraudulent info eading the company, may and/or criminal penalties escinded or a claim den esion or concealment and rovided fraudulently. NING: ME, TN, VA, WA: It is a ance company for the purpose and denial of benefits. NING: NY: "Any person who know the person of misleading, information erime and shall also be subject for each such violation." NING: DC: "It is a crime to promourer or any other person. Finance benefits, if false information is an experience of misleading person who knowingly proposed to crime and may be subject to criminal and mauthorization: aby certify that the statements of elete until all applicable document of property is or might be subject ments.	or a claim formation, or be guilty of be guilty of bed if the insuch misinform of the crime to know e of defrauding mowingly and wement of claim concerning any to a civil penaltic on the control of the crime to a civil penaltic or the control of the crime to a civil penaltic or the crime to a civil penaltic or the crime to a civil penaltic crime to a civ	or the pay conceals insurance insurance enefits a surer relation wingly prorest to compare the compare the containing statement of the contain	ment of loss containing any material informate fraud. Such person nd/or imprisonment. I ied on any misstaten or omission was material or omission was materially false, incomplete or many. Penalties for such a contain of the penalties of the penalties for such a contain the penalties of the pena	ng any inco ation for the may be su nsurance conent, misre erial to the misleading in an act include company or of ormation, or of udulent insurers and the sta or the purposidition, an in- experience of a son. atement to a for the pa	mplete, false, e purpose of bject to fines, coverage may presentation, risk assumed formation to an e imprisonment, ther person files conceals for the rance act, which red value of the se of defrauding surer may deny in this form. I loss is appear on yment of a
an in misk misk misk misk misk misk misk misk	nsurance application and/leading or fraudulent info eading the company, may and/or criminal penalties escinded or a claim den esion or concealment and rovided fraudulently. NING: ME, TN, VA, WA: It is a ance company for the purpose and denial of benefits. NING: NY: "Any person who know the polication for insurance or state of misleading, information erime and shall also be subject for each such violation." NING: DC: "It is a crime to promourer or any other person. Find a promount information in the person who knowingly proposed to crime and may be subject to criminal and in Authorization: Boy certify that the statements of the person who knowingly proposed to the criminal and in Authorization: Authorization: Authorized Signature	or a claim formation, or be guilty of be guilty of bed if the insuch misinform of the crime to know e of defrauding mowingly and wement of claim concerning any to a civil penaltic on the control of the crime to a civil penaltic or the control of the crime to a civil penaltic or the crime to a civil penaltic or the crime to a civil penaltic crime to a civ	or the pay conceals insurance insurance enefits a surer releasement or mation wingly proof the composite interest in containing y fact material to not to energy fact material law researches and containing the interest of the containing in the containing in the containing y fact material law researches and containing in the containing	ment of loss containing any material informate fraud. Such person nd/or imprisonment. I ied on any misstaten or omission was material or omission was materially false, incomplete or many. Penalties for such a contain defend any insurance of any materially false information to an insurer frament and/or fines. In adclaim was provided by the containing the following of dulent claim for the parameter of the paramet	ng any inco ation for the may be su nsurance conent, misre erial to the misleading in an act include company or of ormation, or of udulent insurers and the sta or the purposidition, an in- experience of a son. atement to a for the pa	mplete, false, e purpose of bject to fines, coverage may presentation, risk assumed formation to an e imprisonment, ther person files conceals for the rance act, which red value of the se of defrauding surer may deny in this form. I loss is appear on yment of a

74

TGIC.0134 - claim for loss form page 2 of 2

Fax: (336) 723-1001

www.triadguaranty.com

Mail:
Triad Guaranty Insurance Corporation,
In Rehabilitation
Loss Management Department
Post Office Box 2300
Winston Salem, NC 27102

Email:



Fax: (336) 723-1001

www.triadguaranty.com

Mail:
Triad Guaranty Insurance Corporation,
In Rehabilitation
Loss Management Department
Post Office Box 2300
Winston Salem, NC 27102

Email: