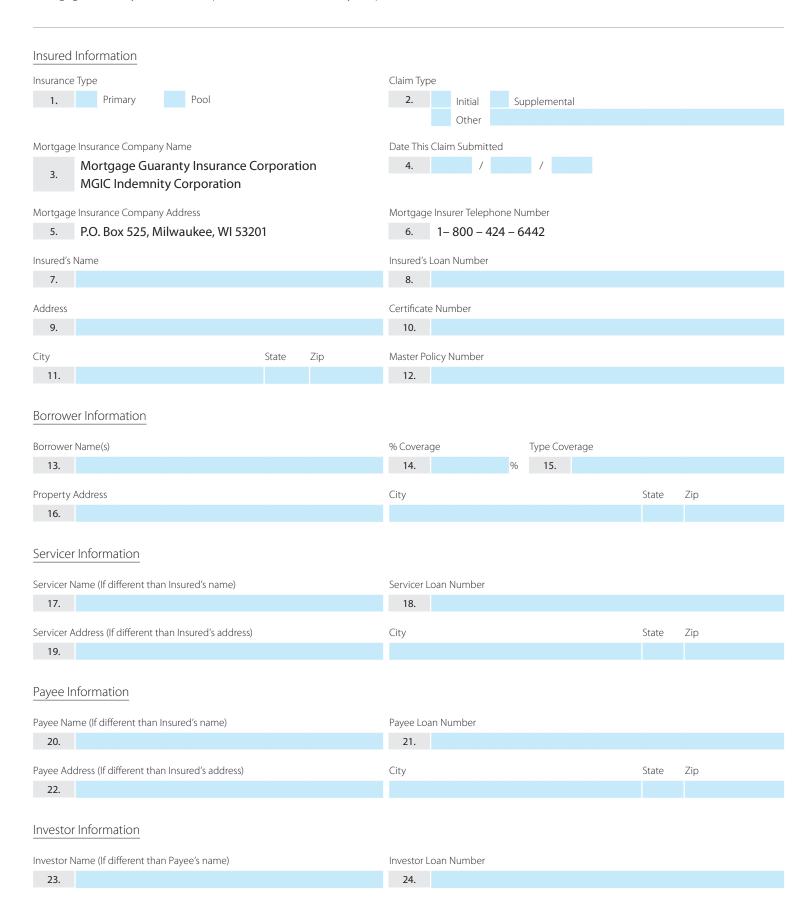
# Claim Form







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#### Claim Form





Claima	ble Items													
25.	Unpaid Prin	icipal Balai	nce (Amor	tizing UPB)	Interest P	aid Through		/	/		\$			
	Accumulated Interest (See line 49 for additional entries):													
	(from	/	/	to	/	/	=		Days @ %)		\$			
	(from	/	/	to	/	/	=		Days @ %)		\$			
	(from	/	/	to	/	/	=		Days @ %)		\$			
				Interest Total	\$									
26.				cipal Balance							\$			
27.	Subtotal Principal and Interest (Line 25 Plus Line 26)												\$	
Expense Information														
28.	Attorney's F	ees									\$			
29.	Property Ta	xes (Paid 1	Γhrough)		(	/	/		)		\$			
30.	Hazard Insu	rance Prei	miums (Pai	id Through)	(	/	/		)		\$			
31.	Property Preservation Costs										\$			
32.	Statutory Disbursements										\$			
33.	Other Disbursements (Condo Fees/Misc. Expenses)													
34.	Subtotal Claimable Items (Total Lines 27 Through 33)												\$	
Deduc	tible Items													
35.	Escrow Acc	ount Balar	nce								\$			
36.	Net Rental F		100								\$			
37.			downs. or	Other Funds H	Held for In	sured					\$			
38.	Insurance P										\$			
39.	Other Dedu	ıctions (At	tach Expla	nation)							\$			
40.	Subtotal De	ductible l	tems (Tota	I Lines 35 Thro	ough 39)								\$	
41.	Total Claim Amount (Line 34 Minus Line 40)												\$	
42.	Less Adjustments, if any (Attach Explanation)												\$	
43.	Adjusted Claim Amount (Line 41 Minus Line 42)												\$	
44.	Comments													

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

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

The state of Florida requires the following: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

The state of Kentucky requires the following: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

The following statement applies to insured parties residing in and to those who make claims with respect to insured loans secured by properties located in New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

The state of Ohio requires the following: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud

Other states have laws that apply to insured parties and to those who make claims with respect to properties located there that: make it a crime for persons who knowingly and with the intent to injure, defraud, or deceive any insurance company, file a statement of claim containing any materially false, incomplete or misleading information. Such persons are subject to criminal and civil penalties including prosecution and punishment for insurance fraud which may be a felony. Penalties may include fines, imprisonment and/or denial of insurance benefits. Our findings must be reported to the applicable regulatory agency if required.

#### Certification

I hereby certify that the submission of this Claim is a representation that the Claim and all materials submitted are complete and accurate and that all conditions precedent to Claim submission under the applicable Master Policy have been met.

45.		46.					
	Authorized Signature		Cor	ntact Name/T	itle		
47.		48.	(		)	-	
	E-mail Address		Pho	one			

# Claim Worksheet

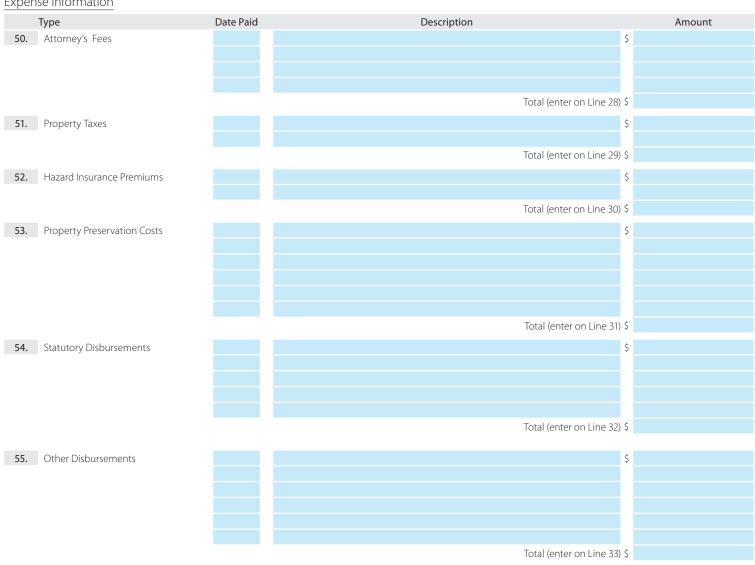
Mortgage Guaranty Insurance Corporation • MGIC Indemnity Corporation • P.O. Box 525, Milwaukee, WI 53201-0525



#### Claimable Items

<b>49</b> . AR	M Interest	\$										
	Rate			from			to			Number of Days		
	1.	%	/	,	/		/	/			\$	
	2.	%	/	,	/		/	/			\$	
	3.	%	/	,	/		/	/			\$	
	4.	%	/	,	/		/	/			\$	
	Subtotal (enter on Line 25) \$											

### **Expense Information**



#### Documentation

56. For documentation requirements, refer to MGIC's Servicing Guide.

## Property Contact Information

57.	Vacant or Occupied?		If occupied, please state name of occupant:				
	Key to property m	nay be obtained from:		Telephone	(	)	-

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