

Claim Form

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



Insured Information

Insurance Type

1. Primary Pool

Claim Type

2. Initial Supplemental
 Other

Mortgage Insurance Company Name

3. **Mortgage Guaranty Insurance Corporation**
MGIC Indemnity Corporation

Date This Claim Submitted

4. / /

Mortgage Insurance Company Address

5. **P.O. Box 525, Milwaukee, WI 53201**

Mortgage Insurer Telephone Number

6. **1-800-424-6442**

Insured's Name

7.

Insured's Loan Number

8.

Address

9.

Certificate Number

10.

City

11. State Zip

Master Policy Number

12.

Borrower Information

Borrower Name(s)

13.

% Coverage

14. %

Type Coverage

15.

Property Address

16.

City

State Zip

Servicer Information

Servicer Name (If different than Insured's name)

17.

Servicer Loan Number

18.

Servicer Address (If different than Insured's address)

19.

City

State Zip

Payee Information

Payee Name (If different than Insured's name)

20.

Payee Loan Number

21.

Payee Address (If different than Insured's address)

22.

City

State Zip

Investor Information

Investor Name (If different than Payee's name)

23.

Investor Loan Number

24.

Claimable Items

Table with 27 rows for claimable items including Unpaid Principal Balance, Interest Paid Through, Accumulated Interest, Partial Forbearance Unpaid Principal Balance, and Subtotal Principal and Interest.

Expense Information

Table with 8 rows for expense information including Attorney's Fees, Property Taxes, Hazard Insurance Premiums, Property Preservation Costs, Statutory Disbursements, Other Disbursements, and Subtotal Claimable Items.

Deductible Items

Table with 8 rows for deductible items including Escrow Account Balance, Net Rental Proceeds, Pledged Savings, Insurance Proceeds, Other Deductions, Subtotal Deductible Items, Total Claim Amount, Less Adjustments, Adjusted Claim Amount, and Comments.

Large blue rectangular area, likely a placeholder for a signature or stamp.

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.

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.

Table with 4 rows for certification information including Authorized Signature, Contact Name/Title, E-mail Address, and Phone.

Claim Worksheet

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



Claimable Items

| 49. | ARM Interest Rate Information: | | | | | | | \$ | |
|-----------------------------|--------------------------------|------|---|---|----|---|--|----------------|--|
| | Rate | from | | | to | | | Number of Days | |
| 1. | % | / | / | / | / | / | | \$ | |
| 2. | % | / | / | / | / | / | | \$ | |
| 3. | % | / | / | / | / | / | | \$ | |
| 4. | % | / | / | / | / | / | | \$ | |
| Subtotal (enter on Line 25) | | | | | | | | \$ | |

Expense Information

| Type | Date Paid | Description | Amount |
|---------------------------------|-----------|-------------|--------|
| 50. Attorney's Fees | | | \$ |
| | | | |
| | | | |
| | | | |
| Total (enter on Line 28) | | | \$ |
| 51. Property Taxes | | | \$ |
| | | | |
| Total (enter on Line 29) | | | \$ |
| 52. Hazard Insurance Premiums | | | \$ |
| | | | |
| Total (enter on Line 30) | | | \$ |
| 53. Property Preservation Costs | | | \$ |
| | | | |
| | | | |
| | | | |
| | | | |
| Total (enter on Line 31) | | | \$ |
| 54. Statutory Disbursements | | | \$ |
| | | | |
| | | | |
| | | | |
| Total (enter on Line 32) | | | \$ |
| 55. Other Disbursements | | | \$ |
| | | | |
| | | | |
| | | | |
| | | | |
| Total (enter on Line 33) | | | \$ |

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 may be obtained from: _____ Telephone (_____) _____ - _____