

UNITED GUARANTY SECOND LIEN CLAIM FOR LOSS

United Guaranty Residential Insurance Company of North Carolina
P. O. Box 20327
Greensboro, NC 27420-0327
Phone: 800.334.8966

LENDER INFORMATION

Lender ID Number: _____ Lender Loan Number: _____ Certificate Number: _____
Lender Name: _____ Phone Number: _____ Fax Number: _____
Address: _____
Email: _____

LOAN INFORMATION

Borrower's Name (last, first, middle): _____ Co-borrower's Name (last, first, middle): _____
Phone: _____ Work Phone: _____ Phone: _____ Work Phone: _____
Property Address: _____
Borrower's Current Address: _____
Co-borrower's Current Address: _____
Reason for Default (please check one):
☐ Unemployed ☐ Chapter 7 Bankruptcy ☐ Chapter 13 Bankruptcy ☐ Disregard
☐ Business Failure ☐ Overextended ☐ Abandoned Property ☐ Complaint of Workmanship
☐ Loss of Income ☐ Foreclosure of Senior Lien ☐ Incarceration ☐ Death
☐ Marital/Divorce ☐ Military Duty ☐ Medical

Comments: _____

Loan Purpose: _____

Loan Date: _____ Last Payment Date: _____ Past Payment Due Date: _____

Attorney Fees and Court Expenses: _____

Principal Balance as of Date of Default (excluding interest, taxes, and insurance): _____

Other Collectable Funds (for example, held in suspense, set-off rights, etc): _____

LENDER CERTIFICATION

I hereby certify the above is a true and correct statement of all items which may be claimed under the stated insured loan and I acknowledge the right to claim any items not included is waived.

All claim forms for insurance, and all applications for commercial insurance, provided to any person residing or located in New York in connection with insurance policies for issuance or issuance for delivery in New York, shall contain the following statement: 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.

Authorized Signature

Please Print or Type Name

Date

DOCUMENTATION REQUIRED FOR ALL CLAIMS

Please forward a copy of the complete loan package, inclusive of—but not limited to—the documents listed below. Please use the checklist provided to indicate whether documentation is being submitted with this claim or if documentation will not be available.

Documents Requested With Claim	Not Available	Submitted
Completed claim for loss form	<input type="checkbox"/>	<input type="checkbox"/>
Original promissory note or true and certified copy that's signed and dated	<input type="checkbox"/>	<input type="checkbox"/>
Original recorded mortgage or true certified copy that's signed and dated	<input type="checkbox"/>	<input type="checkbox"/>
Original Assignment of Promissory Note	<input type="checkbox"/>	<input type="checkbox"/>
Original Unrecorded Assignment of Mortgage (if not registered in MERS)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of lien and loan purpose affidavit	<input type="checkbox"/>	<input type="checkbox"/>
Copy of payment history	<input type="checkbox"/>	<input type="checkbox"/>
Copy of liability, customer, income, employment, payoff and summary screens	<input type="checkbox"/>	<input type="checkbox"/>
Copy of credit bureau report upon which credit decision was based	<input type="checkbox"/>	<input type="checkbox"/>
Copy of verification of income (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of original property valuation or RC1 screen	<input type="checkbox"/>	<input type="checkbox"/>
Copy of collection activity records	<input type="checkbox"/>	<input type="checkbox"/>
Copy of bankruptcy petition and proof of claim filed with bankruptcy court (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of receipts for miscellaneous expenses claimed on this Claim for Loss form	<input type="checkbox"/>	<input type="checkbox"/>
Copy of title search	<input type="checkbox"/>	<input type="checkbox"/>
Copy of HUD-1 Settlement Statement or Closing Disclosure (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Loan Application	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Purchase Agreement (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>

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.

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in New Hampshire RSA 638:20.

New Jersey NJCA 11:16-1.5 Claim forms: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Maine, Tennessee, Virginia, and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Other jurisdictions have laws that apply to insured parties and to those who make claims with respect to properties located in their respective areas which: MAKE IT A CRIME FOR PERSONS WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY TO FILE A STATEMENT OF CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION. SUCH PERSONS ARE SUBJECT TO PROSECUTION AND PUNISHMENT FOR INSURANCE FRAUD. PENALTIES MAY INCLUDE FINES AND/OR IMPRISONMENT.

Among these jurisdictions are: Florida, Kentucky, Louisiana, Maryland, Oklahoma, Texas, and West Virginia.