

# UNITED GUARANTY SECOND LIEN CLAIM FOR LOSS

United Guaranty Residential Insurance Company of North Carolina  
United Guaranty Credit Insurance Company  
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.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Please Print or Type Name

\_\_\_\_\_  
Date

MC-2-A676-0813

## 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 <b>or</b> true and certified copy that's signed and dated	<input type="checkbox"/>	<input type="checkbox"/>
Original recorded mortgage <b>or</b> 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 (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"/>

The law in a number of jurisdictions requires our advising you the following:

**WARNING:** Any person who knowingly and with the 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, is subject to criminal and civil liability for penalties under state and/or federal law.

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