

# UNITED GUARANTY FIRST LIEN CLAIM FOR LOSS FORM

United Guaranty Residential Insurance Company  
 United Guaranty Mortgage Indemnity Company  
 Claims Department  
 230 N. Elm St.  
 Greensboro, NC 27401  
 Phone: 877-642-4642 | Fax: 888-528-3273

## PRIMARY CLAIM

<b>1. Claim Type</b> (see section 50 for required documentation): <input type="checkbox"/> Initial Claim <input type="checkbox"/> Supplemental <input type="checkbox"/> Pool	<b>2. Date This Claim Submitted:</b>	<b>3. Insured's Name:</b>
<b>4. Insured's Loan Number:</b>	<b>5. Address (including City, State, ZIP):</b>	<b>6. Certificate Number:</b>
<b>7. Master Policy Number:</b>	<b>8. Borrower Name(s):</b>	<b>9. % Coverage:</b>
<b>10. Property Address (include city, state, and ZIP):</b>	<b>11. Servicer Name (if different from Insured's name):</b>	<b>12. Servicer Loan Number:</b>
<b>13. Servicer Address (include city, state, and ZIP):</b>	<b>14. Payee Name (if different from Insured's name):</b>	<b>15. Payee Loan Number:</b>
<b>16. Payee Address (include city, state, and ZIP):</b>	<b>17. Investor Name (if different from Payee's name):</b>	<b>18. Investor Loan Number:</b>

## CLAIMABLE ITEMS

<b>19. Unpaid Principal Balance—interest paid through:</b>	\$	
<b>20. Accumulated Interest:</b> From          to          =          days at          %	\$	
<b>21. Subtotal Principal and Interest (line 19 plus line 20)</b>		\$

## EXPENSE INFORMATION

<b>22. Attorney's Fees</b>	\$	
<b>23. Property Taxes paid through:</b>	\$	
<b>24. Hazard Insurance Premiums paid through:</b>	\$	
<b>25. Property Preservation Costs</b>	\$	
<b>26. Statutory Disbursements</b>	\$	
<b>27. Other Disbursements</b>	\$	
<b>28. Subtotal Claimable Items (total lines 22 through 27)</b>		\$

## DEDUCTIBLE ITEMS

<b>29. Escrow Account Balance as of Last Payment</b>	\$	
<b>30. Net Rental Proceeds</b>	\$	
<b>31. Pledged Savings, Buydowns, or Other Funds Held for Insured</b>	\$	
<b>32. Insurance Proceeds</b>	\$	
<b>33. Other Deductions (attach explanation)</b>	\$	
<b>34. Subtotal Deductible Items (total lines 29 through 33)</b>		\$
<b>35. Total Claim Amount (line 21 plus line 28, minus line 34)</b>		\$
<b>36. Less Adjustments if any (attach explanation)</b>		\$
<b>37. Adjusted Claim Amount (line 35 minus line 36)</b>		\$



**EXPENSE INFORMATION**

			Total (enter on line 22)	\$
<b>45. Property Taxes</b>				
			Total (enter on line 23)	\$
<b>46. Hazard Insurance Premiums</b>				
			Total (enter on line 24)	\$
<b>47. Property Preservation Costs</b>				
			Total (enter on line 25)	\$
<b>48. Statutory Disbursements</b>				
			Total (enter on line 26)	\$
<b>49. Other Disbursements</b>				
			Total (enter on line 27)	\$

**UNITED GUARANTY REQUIRED CLAIMS DOCUMENTATION\***

**50. Loan Origination File Documents**

- Loan Application (1003)
- Underwriting Transmittal (1008)
- IRS Form 4506-T
- Origination Appraisal Pictures
- Loan Approval Form
- Automated Underwriting
- Borrower's Authorization to Release
- Origination Credit Report
- Gift Letter(s)
- Proof of Residence/Citizenship
- Paystubs
- Title Search
- Purchase Agreement
- Tax Returns
- Verification of Deposit
- Verification of Employment
- Verification of Mortgage/Rent
- W-2(s)

**Closing Documents**

- HUD-1 Settlement Statement or Closing Disclosure
- Security Instrument (Mortgage/Deed)
- Promissory Note

**Additional Enclosures**

- Rent or Receiver Account History
- Bankruptcy Documents
- Buydown Agreement
- Assumption Agreement
- Closing Statement from Most Recent Sale
- Document Pertaining to Preservation and/or Establishment of Deficiency Judgment
- Copy of Primary MI Claim for Loss and Settlement Check

**Servicing Documents**

- Collection History
- Foreclosure Documentation
- Payment History

**Additional Servicing Documents (Pool Claims)**

- Copy of Primary Explanation of Benefit (if other than UGC)
- Copy of BPO/Appraisal Used for REO Sale
- Copy of REO-HUD1 or Closing Disclosure

\*Additional documents may be requested

51. Is property  vacant or  occupied? If occupied, please provide name of occupant: \_\_\_\_\_

Key to property may be obtained from: \_\_\_\_\_

Telephone: \_\_\_\_\_

**BANKRUPTCY INFORMATION**

52. Date Foreclosure Filed \_\_\_\_\_ Date of Sale \_\_\_\_\_

Date \_\_\_\_\_  Borrower  Co-Borrower  Both | Filed Chapter:  7  13  11 bankruptcy.

Date \_\_\_\_\_  Borrower  Co-Borrower  Both | Filed Chapter:  7  13  11 bankruptcy.

Bid Amount \$ \_\_\_\_\_

Date Stay Lifted: \_\_\_\_\_

Date Stay Lifted: \_\_\_\_\_

53. Market Value information (provide the most current information available): \_\_\_\_\_

Borrower Current Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Co-Borrower Current Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

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 or may be subject to criminal and civil liability for penalties under state and/or federal law.

*In the District of Columbia:*

Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application of insurance is guilty of a crime and may be subject to fines and confinement in prison.

*In Florida:*

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.

*In Kentucky:*

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

*In Maine:*

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

*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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.



**EXPENSE INFORMATION**

48. Statutory Disbursements			
		<b>Total on line 26 (including section 48)</b>	
49. Other Disbursements			
		<b>Total on line 27 (including section 49)</b>	