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

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

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

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

#### **CLAIM AUTHORIZATION**

I hereby certify that the statements contained herein are true, correct and complete. I understand that a claim will not be complete until all applicable documents have been received by the Insurer. We are not aware of any facts indicating that the subject property is or might be subject to any environmental contamination or hazard, except as disclosed in accompanying attachments.

39. Authorized Signature:	40. Contact Name (type or print):	41. Title/Department:	42. Phone:

3. ARM	ARM Interest Rate Information Unpaid Principal Balance (from line 19)		\$		
	Rate	From	То	Number of Days	Amount
1.	%				\$
2.	%				\$
3.	%				\$
4.	%				\$
5.	%				\$
6.	%				\$
7.	%				\$
8.	%				\$
9.	%				\$
10.	%				\$
11.	%				\$
12.	%				\$
13.	%				\$
14.	%				\$
15.	%				\$
16.	%				\$
17.	%				\$
18.	%				\$
19.	%				\$
20.	%				\$
				Total (enter on line 20)	S

### **EXPENSE INFORMATION**

If additional space is needed, please use the Expenses Addendum Page.

Туре	Date Paid	Period Covered/Description	Amount
44. Attorney's Fees			

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

### UNITED GUARANTY REQUIRED CLAIMS DOCUMENTATION\*

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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	<ul> <li>Proof of Residence/Citizenship</li> <li>Paystubs</li> <li>Title Search</li> <li>Purchase Agreement</li> <li>Tax Returns</li> <li>Verification of Deposit</li> <li>Verification of Employment</li> </ul>	Closing Documents  HUD-1 Settlement Statement or Closing Disclos Security Instrument (Mortgage/Deed) Promissory Note  Additional Enclosures Rent or Receiver Account History Bankruptcy Documents	Servicing Documents Ure Collection History Foreclosure Documentation Payment History Additional Servicing Documents (Pool Claims) Copy of Primary Explanation of Benefit (if other than UGC) Copy of BP0/Appraisal Used for REO Sale
<ul> <li>Origination Credit Report</li> <li>Gift Letter(s)</li> </ul>	<ul> <li>Verification of Mortgage/Rent</li> <li>W-2(s)</li> </ul>	<ul> <li>Buydown Agreement</li> <li>Assumption Agreement</li> <li>Closing Statement from Most Recent Sale</li> <li>Document Pertaining to Preservation and/or Establishment of Deficiency Judgment</li> <li>Copy of Primary MI Claim for Loss and Settlement Check</li> </ul>	Copy of REO-HUD1 or Closing Disclosure
<b>51.</b> Is property  vacant or  occupic Key to property may be obtained from: _			elephone:
BANKRUPTCY INFORMATION			
<b>52</b> Data Earoplasura Eilad	Date of Sale	D:J	Amount

<b>52</b> . Date Foreclosure Filed	Date of Sale			Bid Amount \$	
Date Borrower	Co-Borrower D Both   Filed Chapter:	7 🗌 13	🗌 11 bankruptcy.	Date Stay Lifted:	
Date Borrower	Co-Borrower D Both   Filed Chapter:	7 13	🗌 11 bankruptcy.	Date Stay Lifted:	
53. Market Value information (provide	e the most current information available):				
Borrower Current Address:				Telephone:	
Current Employer:				Telephone:	
Co-Borrower Current Address:				Telephone:	
Current Employer:				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.

## FIRST LIEN CLAIM FOR LOSS FORM EXPENSE ADDENDUM

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Total on line 24 (including section 46)         Property Preservation Costs				
Property Preservation Costs       Image: Costs       Image: Costs         Image: Amount Costs			Total on line 24 (including section 46)	
Image:	Property Preservation Costs			
Total on line 25 (including section 47)			Total on line 25 (including section 47)	

EXPENSE INFORMATION				
48. Statutory Disbursements				
		Total on line 26 (including section 48)		
49. Other Disbursements				
		Total on line 27 (including section 49)		