

Uniform Mortgage Insurance Claim for Loss



1. Insurance Type <input type="checkbox"/> Primary <input type="checkbox"/> Pool		2. Claim Type <input type="checkbox"/> Initial <input type="checkbox"/> Supplemental <input type="checkbox"/> Other _____	
3. Mortgage Insurance Company Name Arch Mortgage Insurance Company		4. Date This Claim Submitted	
5. Mortgage Insurance Company Address 230 N. Elm St., Greensboro, NC 27401		6. Mortgage Insurer Phone Number 877-642-4642	
7. Insured's Name		8. Insured's Loan Number	
9. Address		10. Certificate Number	
11. City	State	ZIP Code	12. Master Policy Number
13. Borrower Name(s)		14. % Coverage	15. Type Coverage
16. Property Address (including City, State and ZIP Code)			
17. Servicer Name (if different than Insured's Name)		18. Servicer Loan Number	
19. Servicer Address (Including City, State and ZIP Code) (if different than Insured)			
20. Payee Name (if different than Insured's Name)		21. Payee Loan Number	
22. Payee Address (including City, State and ZIP Code) (if different than Insured)			
23. Investor Name (if different than Payee's Name)		24. Investor Loan Number	

Claimable Items:

25. Unpaid Principal Balance (Interest paid through ____/____/____)	\$ _____
26. Accumulated Interest:	_____
(From ____/____/____ to ____/____/____ = _____ Days @ _____ %)	
27. Subtotal Principal and Interest (Line 25 Plus Line 26)	\$ _____

Expense Information:

28. Attorney's fees	\$ _____
29. Property Taxes (Paid through ____/____/____)	_____
30. Hazard Insurance Premiums (Paid through ____/____/____)	_____
31. Property Preservation Costs	_____
32. Statutory Disbursements	_____
33. Other Disbursements	_____
34. Subtotal Claimable Items (Total Lines 27 through 33)	\$ _____

Deductible Items:

35. Escrow Account Balance	\$ _____
36. Net Rental Proceeds	_____
37. Pledged Savings, Buydowns or Other Funds Held for Insured	_____
38. Insurance Proceeds	_____
39. Other Deductions (Attach Explanation)	_____
40. Subtotal Deductible Items (Lines 35 through 39)	\$ _____
41. Total Claim Amount (Line 34 Minus Line 40)	\$ _____
42. Less Adjustments, if any (Attach Explanation)	\$ _____
43. Adjusted Claim Amount (Line 41 Minus Line 42)	\$ _____
44. Comments: _____	

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.

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.

45. _____
Authorized Signature

46. _____
Contact Name (Type or Print)

47. _____
Title/Department

48. (_____) _____
Phone

49. ARM Interest Rate Information:

Unpaid Principal Balance (from Line 25)

\$ _____

Rate	From	to	Number of Days	Amount
1. _____ %	____ / ____ / ____	____ / ____ / ____	_____	\$ _____
2. _____ %	____ / ____ / ____	____ / ____ / ____	_____	_____
3. _____ %	____ / ____ / ____	____ / ____ / ____	_____	_____
4. _____ %	____ / ____ / ____	____ / ____ / ____	_____	_____
Total (enter on Line 26)				\$ _____

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)	\$ _____

56. Required Enclosures:

☐ Evidence of Good and Merchantable (or Marketable) Title

☐ Loan Payment History

☐ Expense Documentation

☐ Copy of Original Note

☐ Copy or Original HUD-1 Statement

☐ Copy of Documents Commencing Foreclosure

Additional Enclosures (if applicable):

☐ Rent or Receiver Account History

☐ Bankruptcy Documents

☐ Buydown Agreement

☐ Assumption Agreement

☐ Closing Statement from Most Recent Sale

☐ Documents Pertaining to Preservation and/or Establishment of Deficiency Judgment

☐ Copy of Primary MI Claim for Loss and Settlement Check

57. Is property ☐ vacant or ☐ occupied? If occupied, please state name of occupant: _____

Key to property may be obtained from _____ Phone (____)_____

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.