

## AMAC Second-Lien Claim Extension Form

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Claim Extension Effective Date: \_\_\_\_\_

Named Insured: \_\_\_\_\_

### COVERAGE PARTS AFFECTED

Account Default Insurance Policy, Section VII, CONDITIONS

### CHANGES

In accordance with the above referenced policy, we hereby grant an extension to file a claim on the Account of borrower(s) listed herein until the date listed herein for the following reason:

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Any submitted claims must meet the claim qualifications.

Account/Loan#: \_\_\_\_\_

Borrower Name(s): \_\_\_\_\_

Claim Extension Date: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Nothing herein contained shall vary, waive or extend any of the terms, representations, conditions or agreements of the Policy other than the above stated.

Authorized Representative Signature: \_\_\_\_\_