

AMAC Second-Lien Claim for Loss Form

Complete all pages of this Claim for Loss Form.

Lender Name: _____ Date: _____

Policy Number: _____

1. Borrower(s):	
2. Insured Property Address (complete address to include city, state, ZIP code):	
3. Borrower(s) current mailing address — if different than the insured property address (complete address to include city, state, ZIP code):	
4. Account Number:	5. Original Date of New Loan/Line Advance:
6. Origination Date of Note:	7. Refinance Date (if applicable):
8. Due Date of First Installment:	9. Date of Default — 30 Days after the Due Date of the Loan:
10. Net Proceeds of Note/Line:	

	FOR USE BY LENDER	FOR USE BY COMPANY
11. Net Unpaid Principal Balance		
12. Insurance Refunds, Holdbacks or Reserves (if applicable)		
13. Accrued Interest from date of default to submission at interest rate of ___% at maximum 180 days		
14. Total of unpaid principal and accrued interest (Line 11 - Line 12 + Line 13)		
15. Eligible collection expenses that have been approved by AMAC or its registered agent (NFP)		
16. Uncollected court costs that have been approved by AMAC or its registered agent (NFP)		
17. Attorney fees that have been approved by AMAC or its registered agent (NFP) and not to exceed 25% of the unpaid principal balance		
18. Total of insured loss (Line 14 + Line 15 + Line 16 + Line 17)		

Contact Name (Print): _____

Authorized Signature: _____

Title: _____

Contact Email Address: _____

Contact Phone Number: _____

Lender Address where claim check should be mailed. Provide complete address, including city, state, ZIP code:

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

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.

Collect the following documents using the checklist as a guide. These should be the documents from the time of origination and used to qualify the loan.

	Loan Application.
	Credit Bureau File(s) for all borrowers.
	Verification of income for all borrowers (paystubs, W-2s, tax returns, etc.).
	Original Note or certified true copy. If a certified true copy, the following should appear on the copy: "This is a true and exact copy of the original note." It should be signed by the lender.
	Recorded Mortgage/Deed of Trust.
	Recorded Assignment of Mortgage.
	Complete loan payment history.
	Reason for non-payment as listed in the collection notes.
	Final demand letter. Written demand is required to be sent to all debtors on the Note for the full balance unless the borrower(s) has filed for bankruptcy.
	Lender's current collection guidelines.
	Complete collection notes.
	Assignment of Note. Please use the following Assignment verbiage that can either be typed on the Note or attached on letterhead. See next page for complete verbiage.

Assignment of Note.

Loan Number _____

FOR VALUABLE CONSIDERATION, _____ hereby sells, assigns, transfers and sets over to **Arch Mortgage Assurance Company**, whose address is **230 North Elm Street, Greensboro, NC 27401**, all of its right, title and interest in and to the _____ between **Borrower(s)** to **Lender** dated _____ in the amount of \$ _____ and recorded on _____ at **Doc #:** _____ **Book #:** _____ **Page #:** _____ in the official records of _____ **COUNTY,** _____ on the following described pieces or parcel of land:

Property Address: _____

LEGAL DESCRIPTION

Describe here or attach Schedule A.

By: _____

Witness: _____

State of _____ County of _____

On _____ before me, _____, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under **PENALTY OF PERJURY** under the laws of the State of _____ that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Notary Public: _____ Printed Name: _____

My Commission Expires: _____

Prepared by: _____ Phone: _____

If applicable, provide the following documents in the claim submission as well:

	Supporting documents of debts not included in the debt ratio.
	Underwriter's worksheet.
	Closing Disclosure for the second mortgage.
	Purchase Contract.
	Verification of Deposit/Verification of Assets.
	Property Value (Appraisal, AVM, Tax assessment).
	Copy of first Mortgage Note if lender holds the first mortgage.
	Right to Cancel.
	Title Search.
	Bankruptcy notice, schedules, proof of claim and approved plan if Chapter 13.
	Foreclosure notice for the first mortgage.
	Approval endorsement and all documents for stipulation conditions.
	Closing Disclosure for first mortgage on a purchase money or refinance.
	Copy of all invoices for any collection expenses, attorney fees or court costs that were preapproved by AMAC or its designated agent (NFP) that are being requested for reimbursement.
	Work estimates/bids for home improvements.
	Appraiser's Completion Certificate/Final Inspection.
	Extension to file a claim.

The Claim file documents should be uploaded using the following link:

<https://arch.nfp.com/>

If assistance is needed, call:

Casey Brien, Adjuster
 336-900-2762
casey.brien@nfp.com