

Mortgage Insurance Claim for Loss

Please note that all capitalized terminology within this form has the same meaning as that within the Master Policy.

Claim Information

Date Claim Filed: / / Initial Claim: <input type="checkbox"/> Yes <input type="checkbox"/> No Supplemental Claim: <input type="checkbox"/> Yes <input type="checkbox"/> No Certificate Number:			
Borrower Name:			
Co-Borrower Name:			
Property Address:			
Street:			
City:	State:	Zip:	
Servicer Name:			
Servicer Loan Number:			
Street:			
City:	State:	Zip:	
Payee Name (if different than Servicer):			
Payee Loan Number:			
Street:			
City:	State:	Zip:	

Required Documents

1. Evidence that the Insured has acquired Borrower's Title to the Property (e.g., the **Trustee's Deed** or **Sheriff's Deed** or **Quitclaim Deed**) and it may be unrecorded. Evidence that the Insured has acquired **Good and Merchantable Title** to the Property will be required if Essent exercises the Acquisition Option.
2. **Payment history** from the Loan origination date to the date the Claim for Loss is filed with Essent.
3. **Broker price opinion** or **appraisal** obtained during the Default period, if available.
4. **Settlement Statement** if the Property is sold in a Third-Party Sale.

Miscellaneous Information

Is the Property vacant: <input type="checkbox"/> Yes <input type="checkbox"/> No								
If vacant, obtain key from:		Ph #:	Ext:	Email:				
Date Appropriate Proceedings Commenced:	/	/	Date of foreclosure sale:	/	/	Bid amount \$		
Bankruptcy information if applicable:								
Ch 7 <input type="checkbox"/>	CH 13 <input type="checkbox"/>	CH 11 <input type="checkbox"/>	Date filed:	/	/	Date Stay Lifted:	/	/
Ch 7 <input type="checkbox"/>	CH 13 <input type="checkbox"/>	CH 11 <input type="checkbox"/>	Date filed:	/	/	Date Stay Lifted:	/	/
Ch 7 <input type="checkbox"/>	CH 13 <input type="checkbox"/>	CH 11 <input type="checkbox"/>	Date filed:	/	/	Date Stay Lifted:	/	/

Calculation of Claim Amount

Unpaid Principal Balance as of the Date of Default	\$		
Accrued and Unpaid Interest (through the date of claim filing)	\$		
(From ____ / ____ / ____ to ____ / ____ / ____) = ____ Days @ ____ %	\$		
(From ____ / ____ / ____ to ____ / ____ / ____) = ____ Days @ ____ %	\$		
(From ____ / ____ / ____ to ____ / ____ / ____) = ____ Days @ ____ %	\$		
(From ____ / ____ / ____ to ____ / ____ / ____) = ____ Days @ ____ %	\$		
(From ____ / ____ / ____ to ____ / ____ / ____) = ____ Days @ ____ %	\$		
(From ____ / ____ / ____ to ____ / ____ / ____) = ____ Days @ ____ %	\$		
(From ____ / ____ / ____ to ____ / ____ / ____) = ____ Days @ ____ %	\$		
(From ____ / ____ / ____ to ____ / ____ / ____) = ____ Days @ ____ %	\$		
Hazard Insurance Premiums (total paid during Default period)	\$		
Description	Date Paid	Period	Amount
_____	____ / ____ / ____	From ____ / ____ / ____ to ____ / ____ / ____	\$
_____	____ / ____ / ____	From ____ / ____ / ____ to ____ / ____ / ____	\$
_____	____ / ____ / ____	From ____ / ____ / ____ to ____ / ____ / ____	\$
_____	____ / ____ / ____	From ____ / ____ / ____ to ____ / ____ / ____	\$
_____	____ / ____ / ____	From ____ / ____ / ____ to ____ / ____ / ____	\$
_____	____ / ____ / ____	From ____ / ____ / ____ to ____ / ____ / ____	\$

Calculation of Claim Amount (Continued)

Taxes, assessments and other public charges (total paid during Default period)			\$
Description	Date Paid	Period	Amount
_____	____ / ____ / ____	From ____ / ____ / ____ to ____ / ____ / ____	\$ _____
_____	____ / ____ / ____	From ____ / ____ / ____ to ____ / ____ / ____	\$ _____
_____	____ / ____ / ____	From ____ / ____ / ____ to ____ / ____ / ____	\$ _____
_____	____ / ____ / ____	From ____ / ____ / ____ to ____ / ____ / ____	\$ _____
_____	____ / ____ / ____	From ____ / ____ / ____ to ____ / ____ / ____	\$ _____
_____	____ / ____ / ____	From ____ / ____ / ____ to ____ / ____ / ____	\$ _____

Property Preservation			\$
Description	Date Paid		Amount
_____	____ / ____ / ____		\$ _____
_____	____ / ____ / ____		\$ _____
_____	____ / ____ / ____		\$ _____
_____	____ / ____ / ____		\$ _____
_____	____ / ____ / ____		\$ _____
_____	____ / ____ / ____		\$ _____

Condominium Fees			\$
Description	Date Paid		Amount
_____	____ / ____ / ____		\$ _____
_____	____ / ____ / ____		\$ _____
_____	____ / ____ / ____		\$ _____
_____	____ / ____ / ____		\$ _____
_____	____ / ____ / ____		\$ _____
_____	____ / ____ / ____		\$ _____

Attorney Fees (maximum 5% of the sum of UPB and accrued and accumulated interest)			\$
Description	Date Paid		Amount
_____	____ / ____ / ____		\$ _____
_____	____ / ____ / ____		\$ _____
_____	____ / ____ / ____		\$ _____

Court Expenses			\$
Description	Date Paid		Amount
_____	____ / ____ / ____		\$ _____
_____	____ / ____ / ____		\$ _____
_____	____ / ____ / ____		\$ _____
_____	____ / ____ / ____		\$ _____

OTHER			\$
Description	Date Paid		Amount
_____	____ / ____ / ____		\$ _____
_____	____ / ____ / ____		\$ _____
_____	____ / ____ / ____		\$ _____
_____	____ / ____ / ____		\$ _____
		Subtotal of claimable items	\$ _____

LESS			\$
All Rents and other payments			\$ _____
Cash remaining in escrow accounts as of ____ / ____ / ____ (date of last payment)			\$ _____
Cash or other collateral held by Insured as security for the loan			\$ _____
Fire and extended coverage insurance proceeds (not applied to restoration or to the loan)			\$ _____
		Subtotal of items to be deducted	\$ _____
		CLAIM AMOUNT	\$ _____

Disclosures:

WARNING: 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. (Not applicable in VT. Civil penalty not applicable in KY.)

AK: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under the state law.

CA: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

ME, TN, VA, WA: 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.

AL, AR, DC, LA, MA, MN, NV, RI: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

FL: 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.

NH: 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 RSA 638:20.

DE, ID, OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NM: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

CO: 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 purposes 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.

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

OR: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or files a claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be committing a fraudulent insurance act, which may be a crime, and may result in imprisonment, fines or denial of insurance benefits.

AZ: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

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. I am 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.

Authorized Signature: _____

Contact Name: _____

Title/Department: _____

Phone # _____ Ext: _____

Email Address: _____