Thank you for contacting our Mortgage Services Department regarding your mortgage insurance claim. We administer claim funds in accordance with your mortgage loan requirements. Please read carefully the instructions below before you submit your claim.

The following documents are required for processing your insurance claim. Not providing these documents may result in a delay of processing the funds.

1. **INSURANCE CLAIM CHECK** (review next section for endorsement requirements).
2. **COMPLETED INSURANCE CLAIM FORM**
3. **COMPLETE (ALL PAGES) INSURANCE ADJUSTORS REPORT** (from insurance provider).
4. **NOTARIZED AND COMPLETED MORTGAGORS AFFIDAVIT**. What is this form for? This form states that you’re using funds for the completion of damages to the property.
5. **NOTARIZED AND COMPLETED CONTRACTORS AFFIDAVIT**. What is this form for? This form is used as a release of lien signed by your contractor. It helps protect you from the contractor placing a lien against the home.

Insurance claim checks may be endorsed by our Mortgage Services Department depending on the amount of your claim. Please note that the following information is based on the total amount of the claim. If you received multiple checks and your claim exceeds $10,000.00, please make sure that you follow the correct instructions.

If your loan is CURRENT (loan is due for the current month), please follow the instructions below.

**CLAIM CHECKS UNDER $10,000.00**

Please send your UNENDORSED (do not sign the back of the check) insurance claim check to the address provided on the bottom of this letter with items 1 through 3 of the required documents mentioned above. The check will be endorsed by us and will be return to you in 3-5 days from receipt.

**CLAIM CHECKS OVER $10,000.00**

Please ENDORSE the insurance claim check and send it to us to the address provided on the bottom of this letter with all required documents mentioned above. ALL PARTIES MUST ENDORSE THE CHECK BEFORE A CLAIM CAN BE PROCESSED. Upon receipt of your check, we will release a portion of the claim check up to $10,000.00 for the start of repairs. Upon completion of repairs we will conduct an inspection at our cost to ensure all damages have been repaired to the satisfaction of the mortgage guidelines. At that time we will release all remaining funds.

To order an inspection, please contact our Mortgage Services Department within 2 days of completion to set up an inspection. When the inspection is returned at 100% completion, the remaining funds will be sent to you.

If your claim is over $30,000 please provide detailed draw schedule from your contractor. Inspections and subsequent funds releases will be conducted according to the schedule.

IN ALL CASES FUNDS WILL BE RELEASED AND MAILED TO THE PARTIES LISTED ON YOUR MORTGAGE LOAN DOCUMENTS.
IF YOUR LOAN IS IN A DEFAULT (PAST DUE) STATUS PLEASE READ BELOW.

If your loan is in a default status please review this section -
A loan is consider in a default status if
a) You are more than 30 days behind on your mortgage (you are not due for current month) and/or
B) You are in an active bankruptcy

If you are currently in an active bankruptcy, it may be necessary to obtain approval through the
bankruptcy court prior to releasing any funds to you and/or a contractor.

PLEASE ENDORSE THE INSURANCE CLAIM CHECK AND INCLUDE ALL LISTED ITEMS BELOW REGARDLESS
OF THE CHECK AMOUNT. Checks will be made payable to yourself and your contractor.

1. INSURANCE CLAIM CHECK (review next section for endorsement requirements).
2. COMPLETED INSURANCE CLAIM FORM
3. COMPLETE (ALL PAGES) INSURANCE ADJUSTORS REPORT (from insurance provider).
4. NOTARIZED AND COMPLETED MORTGAGORS AFFIDAVIT. What is this form for? This form states
   that you’re using funds for the completion of damages to the property.
5. NOTARIZED AND COMPLETED CONTRACTORS AFFIDAVIT. What is this form for? This form is
   used as a release of lien signed by your contractor. It helps protect you from the contractor
   placing a lien against the home.

FEDERAL DISASTERS
In certain cases, federal authorities may request that we modify these procedures for losses suffered in
federally declared disaster areas. In most instances, the procedures outlined above still apply. If we
modify these procedures for a federal disaster, you will be notified of any applicable processing
exceptions when you contact our office or after you submit your initial claim information (adjustor's
report, mortgagor's affidavit, settlement check). If you need further financial assistance you can go online
to fema.org to see if you qualify for an assistance program in your area.

You may contact our property insurance claims team using the following information.

Telephone: (800) 937-6002
Fax: (817) 390-2313

Mailing Address:
Mortgage Services Department
Attn: Hazard Claims
PO Box 2988
Fort Worth, TX 76113

Overnight Address:
Mortgage Services Department
Attn: Hazard Claims
2626 West Fwy Bldg B.
Fort Worth,TX 76102
Mortgage Services Department
Insurance Claim Form

General Information

Loan Number: ____________________________
Date of Loss: ____________________________ Phone Number: ____________________________
Type of loss: ____________________________ Cell Number: ____________________________
Damaged Area: ____________________________ Work Number: ____________________________

Mailing Address While repairs are being made (if applicable)

__________________________________________________________________________

Damage Information
Please write a description of the damage suffered to the property.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Contractor/Insurance Information

Name of Contractor: ____________________________
Address of Contractor: ____________________________
Phone #: _________________________________________

Insurance Adjuster
Name and Phone #: _________________________________________

☐ Work has not started
☐ Work has begun, not completed
☐ Work is complete and ready for inspection

Homeowner Signature(s):
__________________________________________________________________________

Please complete this form and return with all required documents mentioned in the insurance claim letter.
MORTGAGOR’S AFFIDAVIT

STATE OF __________________________
COUNTY OF ________________________

MORTGAGE ACCOUNT NUMBER: ______________

_________________ and/or ____________________ hereby certify that damage suffered to the property located at:

________________________________________________________________________

will be or has been fully repaired in a professional and workman-like manner. I further certify that all bills for materials and labor concerning these repairs will be or has been paid in full. I will obtain an affidavit from any Contractors involved with repairs to this property, signed and notarized by the Contractors after work completion, ensuring that a valid Mechanic’s or Materialmen’s lien will not be placed on the property.

A claim for said loss was filed with my insurance carrier under the coverage described within my policy. To date, the insurance company has paid funds as described in the adjustor’s report included with this form or previously submitted.

I affirm and certify the information above on this _______ day of ____________, year______.

________________________________________
(Mortgagor’s Signature)

Mortgagor's daytime telephone: ______________ & home telephone: ______________

________________________________________________________________________

STATE OF __________________________
COUNTY OF ________________________

Subscribed and sworn to by

________________________________________________________________________

before me on this _______ day of ____________, year______.

________________________________________
Signature of Notary Public or authorized official/officer

________________________________________
Printed name of Notary Public or authorized official/officer

Notary Public, State of ______________, County of ______________

Acting in the County of __________________________

SEAL  My commission expires ______________________________
CONTRACTOR’S AFFIDAVIT

STATE OF ____________________
COUNTY OF __________________

THE UNDERSIGNED HERBY CERTIFIES THE FOLLOWING:

1. I have performed repairs or delivered construction/repair materials to the property known as:

________________________________________

2. I am the contractor who performed the necessary repairs and that the repairs have been professionally completed and property returned to good condition.
3. That all bills for labor and materials have been or will be paid.
4. Neither my firm nor I will file or attach a Mechanic’s or Materialmen’s Lien to the property as a result of these repairs.

COMPANY NAME

________________________________________

SIGNATURE

________________________________________

STATE OF ____________________
COUNTY OF __________________

Subscribed and sworn to by

________________________________________

before me on this ______ day of __________, year______.

________________________________________
Signature of Notary Public or authorized official/officer

________________________________________
Printed name of Notary Public or authorized official/officer

Notary Public, State of ______________, County of ______________
Acting in the County of ______________

________________________________________
SEAL
My commission expires __________________________

________________________________________
Reference Mortgage Account # ________________    Mortgagor's Name ________________