



Republic Mortgage Insurance Company
 Republic Mortgage Insurance Company of North Carolina (New York Only)
 190 Oak Plaza Blvd.
 Winston-Salem, NC 27105
 800.999.RMIC (7642)

Claim For Loss

Insured/Servicer Name _____ Borrower Name(s) _____
 Address _____ Property Address _____
 City, State, Zip _____ City, State, Zip _____
 Contact Person _____ Is the property listed for sale? Yes No
 Phone Number _____ Is the property occupied?
 Investor Name _____ Has RMIC been notified of all offers?
 Investor Loan # _____ Current value \$ _____ Date ____/____/____
 RMIC Certificate #

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 Realtor's Name _____ Phone # _____

Servicer Loan Number	Claim Date ____/____/____	Default Date (Loan Due For Date) ____/____/____	Interest Paid To Date ____/____/____	Title Acquired By: <input type="checkbox"/> Deed in Lieu <input type="checkbox"/> Foreclosure	Signed Recorded Sale Date ____/____/____
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IDENTIFICATION

1. \$ _____ **Principal Balance at Default Date** (Use non-capitalized balance only. Exclude taxes, insurance and other expenses.)
2. \$ _____ **Accumulated Interest** (At contractual rate, from above **Interest Paid To Date** through **Claim Date**. Penalty and late charges are not claimable. Must be calculated on reverse side.)
- \$ _____ **SUBTOTAL A** (Lines 1 and 2)
3. \$ _____ **Attorney's Fees** (Actual or 3% of Subtotal A, whichever is less. Itemize on reverse side.)
4. \$ _____ **Property Taxes Paid Since Default Date** (Itemize on reverse side.)
5. \$ _____ **Net Hazard and Flood Insurance Premiums Paid Since Default Date** (Must be calculated on reverse side.)
6. \$ _____ **Condominium Fees Paid for Months After Default Date** (Monthly fees are \$ _____. Paid through _____.)
7. \$ _____ **Preservation of Property** (Locks, winterization, etc.; itemize on reverse side and enclose receipts.)
8. \$ _____ **Statutory Disbursements** (Filing fees, publication charges, etc.; itemize on reverse side and enclose receipts.)
9. \$(_____) **Less Positive Escrow Balance at Default Date**
10. \$(_____) **Less Other Funds** (Buydown, pledged savings account, insurance refunds, rents, etc.)
- \$ _____ **TOTAL CLAIM** (Total of Subtotal A and Lines 3 through 10.)
11. \$(_____) **Less: Net proceeds of RMIC-approved sale of property, when applicable.** (Attach copy of closing statement and proceeds check.)
- \$ _____ **ADJUSTED CLAIM**

SIGNATURE

I hereby certify that the statements contained herein are true and correct. All items which will be claimed under this stated insured loan number have been included, unless itemized in writing on a separate attachment to the Claim For Loss form. I further certify that the above named lender/servicer has acquired and retains merchantable title to the property. The security and evidence of merchantable title, if not enclosed herewith, will be transmitted to RMIC immediately upon request. I further understand that a claim will not be complete until all required documents have been received by RMIC. Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, is subject to criminal and civil liability under state and/or federal law. (Not applicable in OR and VT.)

NY: 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.

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.

CA: 556. Fraudulent claims; penalties (a) It is unlawful to: (1) Knowingly present or cause to be presented any false or fraudulent claim for the payment of a loss under a contract of insurance. (2) Knowingly file multiple claims for the same loss or injury with more than one insurer with an intent to defraud the insurer. (3) Knowingly prepare, make, or subscribe any writing, with intent to present or use the same, or to allow it to be presented or used in support of any such claim. (b) Every person who violates any provision of this section is punishable by imprisonment in the state prison for two, three, or four years, or by fine not exceeding ten thousand dollars (\$10,000), or by both.

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.

LA, NV: 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, NH: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

 Name and Title of Authorized Representative

 Signature of Authorized Representative

____/____/____
 Date

ITEMIZATIONS

Base all day counts on 30-day months and 360-day years.

Line 2 — Accumulated Interest (Interest must be calculated using the following formula.)

Principal Balance	Annual Rate*	# Days	mm dd yy	through	mm dd yy	= \$
\$ _____	× 0. _____	÷ 360	× _____	_____	through _____	= \$ _____
\$ _____	× 0. _____	÷ 360	× _____	_____	through _____	= \$ _____
\$ _____	× 0. _____	÷ 360	× _____	_____	through _____	= \$ _____
\$ _____	× 0. _____	÷ 360	× _____	_____	through _____	= \$ _____
*Examples: 12.50% = 0.1250; 9.875% = 0.09875						Total (Place on Line 2 on front of form.) \$ _____

Line 3 — Attorney's Fees

	\$ _____
	\$ _____
Total (Follow directions for Line 3 on front of form.) \$ _____	

Line 4 — Property Taxes Advanced Since Default Date

	\$ _____
	\$ _____
Total (Place on Line 4 on front of form.) \$ _____	

Line 5 — Net Hazard & Flood Insurance Premiums

A. Premiums Paid Since Default Date — Calculate the claimable portion as follows:

	Annual Premium	# Days	Policy Inception Date mm dd yy	Claim Date mm dd yy	Claimable Portion
Hazard: \$	_____	÷ 360*	× _____	_____ through _____	= \$ _____
Other: \$	_____	÷ 360*	× _____	_____ through _____	= \$ _____
					Total (Place on Line 5 on front of form.) \$ _____

B. Premiums Paid Before Default Date

1. If the policy was canceled and the refund was received BEFORE the Default Date, do not complete this section. If a refund was received AFTER the Default Date, please indicate here and place on Line 10 on front of form. \$ _____
2. If no refund has been received on a canceled policy, or if the policy is still in-force, please complete the following refund projection:

	Annual Premium	# Days	Policy Cancellation Date (if canceled) or Claim Date (if in-force) mm dd yy	Policy Expiration Date mm dd yy	Refund
Hazard: \$	_____	÷ 360*	× _____	_____ through _____	= \$ _____
Other: \$	_____	÷ 360*	× _____	_____ through _____	= \$ _____
					Total (Place on Line 10 on front of form.) \$ _____

*If not annual, use 30 for monthly, 90 for quarterly, or 180 for semi-annual premiums.

Line 7 — Preservation of Property

	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
Total (Place on Line 7 on front of form.)			\$ _____

Line 8 — Statutory Disbursements

	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
Total (Place on Line 8 on front of form.)			\$ _____