



Republic Mortgage Insurance Company
 Republic Mortgage Guaranty Insurance Corporation
 Republic Mortgage Assurance Company
 P.O. Box 2514 Winston-Salem, NC 27102
 101 North Cherry Street Suite 101 Winston-Salem, NC 27101
 800-999-RMIC (7642) www.rmic.com

Claim for Loss

1. Insurance Type: <input type="checkbox"/> Primary <input type="checkbox"/> Pool		2. Claim Type: <input type="checkbox"/> Initial <input type="checkbox"/> Supplemental <input type="checkbox"/> Other:	
3. Mortgage Insurance Company Name Republic Mortgage Insurance Company			4. Date This Claim Submitted
5. Mortgage Insurance Company Address 101 North Cherry Street, Ste 101, Winston-Salem, NC 27101			6. Mortgage Insurer Telephone Number 800-999-7642
7. Insured's Name			8. Insured's Loan Number
9. Address			10. Certificate Number
11. City	State	Zip Code	12. Master Policy Number
13. Borrower Name(s)			14. % Coverage
			15. Type Coverage
16. Property Address (Including City, State and Zip Code)			
17. Servicer Name (If Different than Insured's Name)			18. Servicer Loan Number
19. Servicer Address (Including City, State and Zip Code) (If Different than Insured)			
20. Payee Name (If Different than Insured's Name)			21. Payee Loan Number
22. Payee Address (Including City, State and Zip Code) (If Different than Insured)			
23. Investor Name (If Different than Payee's Name)			24. Investor Loan Number
Claimable Items			
25. Unpaid Principal Balance (Amortizing UPB)			\$
Accumulated Interest:			
(From ___/___/___ to ___/___/___ = _____ Days @ ___%)			\$
(From ___/___/___ to ___/___/___ = _____ Days @ ___%)			\$
(From ___/___/___ to ___/___/___ = _____ Days @ ___%)			\$
26. Partial Forbearance Unpaid Principal Balance			\$
Accumulated Interest:			
(From ___/___/___ to ___/___/___ = _____ Days @ ___%)			\$
27. Sub-Total Principal and Interest (Line 25 Plus Line 26)			\$
Expense Information			
28. Attorney's Fees			\$
29. Property Taxes (Paid through ___/___/___)			\$
30. Hazard Insurance Premiums (Paid through ___/___/___)			\$
31. Condominium Fees Paid for Mos. after Default Date (Monthly fees \$_____; Paid through ___/___/___)			\$
32. Property Preservation Costs			\$
33. Statutory Disbursements			\$
34. Other Disbursements			\$
35. Sub-Total Claimable Items (Total Lines 27 Through 34)			\$
Deductible Items			
36. Escrow Account Balance			\$
37. Net Rental Proceeds			\$
38. Pledged Savings, Buydowns, or Other Funds Held for Insured			\$
39. Insurance Proceeds			\$
40. Other Deductions (Attach Explanation)			\$
41. Sub-Total Deductible Items (Total Lines 36 Through 40)			\$
42. Total Claim Amount (Line 35 Minus Line 41)			\$
43. Less Adjustments, if any (Attach Explanation)			\$
44. Adjusted Claim Amount (Line 42 Minus Line 43)			\$
45. Comments			

Claim Authorization

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 this 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.) Important disclosures, page 2.

46. Authorized Signature:		47. Contact Name (Print):	
48. Title/Department:		49. Phone:	50. Email:

51. ARM Interest Rate Information			Unpaid Principal Balance (from line 25)		\$
Rate	From	To	Number of Days	Amount	
1.	%	/ /	/ /		\$
2.	%	/ /	/ /		\$
3.	%	/ /	/ /		\$
4.	%	/ /	/ /		\$
Total (enter on Line 26)					\$

Expense Information			
Type	Date Paid	Description	Amount
52. Attorney's Fee			\$
			\$
			\$
	Total (enter on Line 28)		\$
53. Property Taxes			\$
			\$
	Total (enter on line 29)		\$
54. Hazard Insurance Premium			\$
			\$
	Total (enter on Line 30)		\$
55. Property Preservation Costs			\$
			\$
			\$
			\$
	Total (enter on Line 32)		\$
56. Statutory Disbursements			\$
			\$
			\$
			\$
	Total (enter on Line 33)		\$
57. Other Disbursements			\$
			\$
			\$
			\$
	Total (enter on Line 34)		\$

58. Required Enclosures: <input type="checkbox"/> Evidence of Good and Merchantable (or Marketable) Title <input type="checkbox"/> Loan Payment History <input type="checkbox"/> Expense Documentation <input type="checkbox"/> Copy of Original Note <input type="checkbox"/> Copy of Original HUD-1 Statement <input type="checkbox"/> Copy of Documents Commencing Foreclosure	Additional Enclosures (if applicable): <input type="checkbox"/> Rent or Receiver Account History <input type="checkbox"/> Bankruptcy Documents <input type="checkbox"/> Buydown Agreement <input type="checkbox"/> Assumption Agreement <input type="checkbox"/> Closing Statement From Most Recent Sale <input type="checkbox"/> Documents Pertaining to Preservation and/or Establishment of Deficiency Judgment <input type="checkbox"/> Copy or Primary MI Claim for Loss and Settlement Check
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59. Property: <input type="checkbox"/> Vacant <input type="checkbox"/> Occupied	If occupied, please state name of occupant:	
Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current List Price: \$	Current Value: \$ Date ___/___/___
Key to property may be obtained from:		Phone:

60. Title Acquired By: <input type="checkbox"/> Deed in Lieu <input type="checkbox"/> Foreclosure <input type="checkbox"/> 3 rd Party Sale	Signed ___/___/___	Sale Date ___/___/___
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61. Bankruptcy: File Date ___/___/___ Discharge Date ___/___/___

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 intent to defraud the insurer. (3) Knowingly prepare, make or subscribe any writing, with an 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.

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.

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.

D.C.: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.