



Mortgage Insurance Claim for Loss		For Insurer Use Only	
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		4. Date This Claim Submitted	
5. Mortgage Insurance Company Address		6. Mortgage Insurer Telephone Number	
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)	\$ 0.00

Expense Information:	
28. Attorney's Fees	\$ _____
29. Property Taxes (Paid through ___ / ___ / ___)	_____
30. Hazard Insurance Premiums (Paid through ___ / ___ / ___)	_____
31. Property Preservation Costs	_____
32. Statutory Disbursements	_____
33. Other Disbursements	_____
34. Sub-Total Claimable Items (Total Lines 27 Through 33)	\$ 0.00

Deductible Items:	
35. Escrow Account Balance	\$ _____
36. Net Rental Proceeds	_____
37. Pledged Savings, Buydowns, or Other Funds Held for Insured	_____

38. Insurance Proceeds _____

39. Other Deductions (Attach Explanation) _____

40. Sub-Total Deductible Items (Total Lines 35 Through 39) \$ 0.00

41. Total Claim Amount (Line 34 Minus Line 40) \$ _____

42. Less Adjustments, if any (Attach Explanation) \$ _____

43. Adjusted Claim Amount (Line 41 Minus Line 42) \$ _____

44. Comments:

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. We are 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.

45. _____ 46. _____
 Authorized Signature Contact Name (Type or Print)

47. _____ 48. (____) _____
 Title/Department Phone

49. 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
50. Attorney's Fee	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
Total (enter on Line 28)			\$ _____
51. Property Taxes	_____	_____	\$ _____
	_____	_____	\$ _____
Total (enter on Line 29)			\$ _____
52. Hazard Insurance Premium	_____	_____	\$ _____
	_____	_____	\$ _____
Total (enter on Line 30)			\$ _____
53. Property Preservation Costs	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
Total (enter on Line 31)			\$ _____
54. Statutory Disbursements	_____	_____	\$ _____
	_____	_____	\$ _____

		\$ <u> </u>
		\$ <u> </u>
		\$ <u> </u>
	Total (enter on Line 32)	\$ <u> </u>

55. Other		\$ <u> </u>
Disbursements		\$ <u> </u>
		\$ <u> </u>
		\$ <u> </u>
		\$ <u> </u>
		\$ <u> </u>
	Total (enter on Line 33)	\$ <u> </u>

56. 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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57. Is property ☐ vacant or ☐ occupied?: If occupied, please state name of occupant: _____

Key to property may be obtained from _____ Telephone (____) _____

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.

The following statement applies to insured parties residing in and to those who make claims with respect to insured loans secured by properties located in New York: ANY PERSON WHO KNOWINGLY AND WITH THE 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 BE ALSO SUBJECT TO A CIVIL PENALTY OF UP TO \$5,000 AND THE STATED VALUE OF EACH CLAIM.

Other states 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, FILE A STATEMENT OF CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION. SUCH PERSONS ARE SUBJECT TO CRIMINAL AND CIVIL PENALTIES INCLUDING PROSECUTION AND PUNISHMENT FOR INSURANCE FRAUD WHICH MAY BE A FELONY. PENALTIES MAY INCLUDE FINES, IMPRISONMENT AND/OR DENIAL OF INSURANCE BENEFITS. OUR FINDINGS MUST BE REPORTED TO THE APPLICABLE REGULATORY AGENCY IF REQUIRED.

Instructions

Training on Completing the Mortgage Insurance Claim for Loss Now Available

Gain a better understanding of how to file a MI Claim using the Uniform Mortgage Insurance Claim for Loss (Form 1015).

View recorded presentation: <http://fanniemae.articulate-online.com/7778703690>

Uniform Mortgage Insurance Claim for Loss

The servicer may use this form to file a claim for loss with a conventional mortgage insurer instead of using that insurer's claim form.

Copies

Original, plus two.

Printing Instructions

This form must be printed on legal size paper, using portrait format.

Instructions

The servicer should send the original of this form to the mortgage insurer. A copy of the form should be submitted to the regional office that is responsible for disposing of the acquired property and a copy, retained by the servicer.

For portfolio mortgages or special servicing option MBS pool mortgages, show Fannie Mae as the payee, enter the 10-digit loan number assigned when we purchased the mortgage, and show our address as P.O. Box 98960; Chicago, IL 60693. Claims for all other mortgages should be filed in the servicer's name.