



# Mortgage Impairment Claim Reporting Form

## General Information

Lender (Insured) Name

Lender (Insured) Address

Contact Information Name

Phone Number

Fax Number

## Required Information (The following items are necessary in submitting a Mortgage Impairment claim)

Policy Number under which claim is being made	Effective Date	Expiration Date
Date of Loss (or approximate)	Date Discovered	Type of Loss (physical damage, error, real estate taxes, etc.)
Description of Damage (if physical damage loss)		

Property Location

- Provide a copy of the Mortgage Agreement.
- Please advise whether the loan is owned or serviced for others.
- If a **physical damage** loss: include a copy of all insurance documents for the involved mortgage along with an explanation as to why there was no insurance in force at the time of loss.
- If the claim is due to **physical damage** to a mortgaged property, include how long and in what amount the mortgage payments are overdue and the accrued interest: \_\_\_\_\_
- If **physical damage** loss provide copies of any repair estimates obtained.
- If a **liability loss**: include a copy of any written claim or demand received by the insured. A summary of details for any such claim along with any additional facts surrounding the possible claim
- Information on the mortgagor prior to and at the time of the loss, including any information on escrowing, loan standing, etc and any other information that the insured feels is relevant.
- Original loan date and loan amount: \_\_\_\_\_
- Outstanding loan balance at the time of the loss: \_\_\_\_\_
- Provide Pre and/or Post loss appraisals or other estimates for the Pre/Post loss market values.

In addition to this information, Proctor Financial will provide Underwriters Representative, Mendes & Mount, with a copy of the policy however please note:

- There may be a request for additional information that is specific to this loss. It is imperative that this information be provided as soon as possible in writing.
- Within two weeks of the receipt of this information, a representative of Mendes & Mount will forward acknowledgement by mail to the contact person indicated above.
- Mendes & Mount will also seek the services of an adjuster to review the actual damage or case. When the adjuster contacts you, they will most likely refer to your coverage as being with Lloyd's of London. Please provide any additional information and accessibility as requested.
- Once all of the above information is received, Mendes & Mount will provide a report to the Lloyd's of London underwriters for their review. Underwriter's decision will be provided with an explanation of benefits as they apply to your case.

Please direct all questions to the attention of  
**Bridget McCabe at [bmccabe@pfc.com](mailto:bmccabe@pfc.com) or (800) 521-6800 Ext. 5612**

**Claims should be reported via email to [claimsadmin@pfc.com](mailto:claimsadmin@pfc.com) or via fax to (248) 269-5526. Overnight  
Address: 5225 Crooks Road, Troy, MI 48098 | Mailing Address: P.O. Box 2100, Troy, MI 48007-2100**

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