

Lenders Placed and Foreclosed Property Notice of Claim

**In the event of a claim, please complete as much of this form as possible and
send to: FinSecure at claims@finsecure.net or Fax 1-866-915-7879**

Agency: _____
Agency Phone: _____ E-mail: _____
Named Insured: _____
Policy Number: _____ Effective Dates: _____
Insured Contact: _____
Phone No: _____ E-mail: _____

Mortgage/Loan No: _____
Date Property Reported to us: _____
Property Address: _____

Type Coverage: Lenders Placed Foreclosed Property

Property Type: Residential Commercial MH Farm Bldg
 Building under Construction Multi Family

Effective Date of Coverage: _____

Date of Loss: _____

Description of Loss: _____

Mortgage Balance as of the Date of Loss: _____

Property Contact _____
Phone: _____ E-mail: _____

Complete for Foreclosed Property

Do you own the property? Yes No

If yes, date acquired: _____

If no, who owns the property: _____

Phone: _____ E-mail: _____

THANKS FOR TAKING THE TIME TO COMPLETE THIS FORM.
A CLAIM ADJUSTER WILL BE IN CONTACT WITH YOU SHORTLY.