

**MORTGAGEHOLDER'S PROTECTION POLICY  
NOTICE OF CLAIM**

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

Name Insured: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Name of insured contact for this claim: \_\_\_\_\_  
Phone number of contact: \_\_\_\_\_ Contact e-mail address: \_\_\_\_\_  
Date this claim notice was sent to us: \_\_\_\_\_

Information that will be required to initiate the processing of your claim:  
Date of Loss: \_\_\_\_\_ Mortgage or Loan No. \_\_\_\_\_  
Loss Location: \_\_\_\_\_  
Please explain the incident or damage: \_\_\_\_\_  
\_\_\_\_\_

Type of Mortgage/Property: ( ) Residential, ( ) Manufactured Home, ( ) Farm Building,  
( ) Building Under Construction, ( ) Multi-Family, ( ) Commercial, ( ) Held in Trust

What is the insured's interest in the property where the loss occurred? ( ) mortgagee,  
( ) mortgage servicer, ( ) owner, ( ) trustee, ( ) other \_\_\_\_\_  
If mortgage servicer, who are you servicing for? \_\_\_\_\_  
If owner, on what date did you acquire title to the property? \_\_\_\_\_  
If mortgagee or mortgage servicer, what is the outstanding mortgage balance? \_\_\_\_\_

Is mortgage currently more than 30 days past due? ( ) yes, ( ) no, ( ) not applicable  
If yes, have you started foreclosure proceedings? ( ) yes, ( ) no  
When did you first become aware that the mortgaged property was uninsured? \_\_\_\_\_  
( ) not applicable.  
Did you send a notification letter to the mortgagor asking for evidence of insurance? ( ) yes,  
( ) no. ( ) not applicable. If yes, on what date was letter sent? \_\_\_\_\_

For Mortgageholder's Liability Claims:  
Name of Claimant: \_\_\_\_\_  
Phone number of claimant: \_\_\_\_\_

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