



Lender Placed Flood Insurance Claim Reporting Form

Claim Information

Date of Loss:

Today's Date:

Account Number:

Account Balance (as of Loss Date):

Facts of Loss/Loss Description:

Lender Information

Name:

Address:

City:

State:

ZIP:

Name of Lender Contact:

Phone #: ext.

Fax:

E-mail:

Mortgagor Information

Name:

Address:

City:

State:

ZIP:

Home Phone:

Work Phone: ext.

Policy Information

Policy Number:

Certificate Number:

Effective Date:

Cancellation Date:

Type of Structure: Residential Commercial Other

Description of Structure:

Address of Structure:

City:

State:

ZIP:

Please provide the following documentation with claim submission:

- | | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Certificate/Notice of Insurance | <input type="checkbox"/> | Payment History |
| <input type="checkbox"/> | Police/Fire Report (if applicable) | <input type="checkbox"/> | Mortgage Contract (Showing basic financial details) |
| <input type="checkbox"/> | Legal Documents: Foreclosure Filing, Deed in Lieu, estimates, etc...(if applicable) | | |

Name of Person Submitting Claim:

Phone: