



ClaimEaseSM Fax Transmittal

Fax to: **PMI Claims Department**

Date:

Fax Number: **(925) 658-6943**

PMI Certificate Number: _____

Attn: _____

Lender Loan Number: _____

Phone Number: (800) 795-4764

Borrower Name(s): _____

From: _____

Company Location: _____

Property Address: _____

(Street)

Fax Number:

Phone Number:

Number of Pages (including this page):

(City)

(State)

(ZIP)

All Claims Must Complete The Section

Foreclosure Information

Date Foreclosure Began:
(first legal action)

Date Foreclosure Sale Was Held:

Date Clear/Merchantable
Title Was Obtained:

Final Bid Amount At Foreclosure Sale:

\$ _____

By (choose one): Lender or Third Party

Bankruptcy Information

Name of Debtor	Chapter 7, 11, 13	Filed Date	Discharged Date
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Date of Last Post Petition Payment:
(If Chapter 13)

Primary Claim Section

Market Value Information (Please provide the most current information available)

	Date	"As Is" Value	Repaired Value	Estimated Repairs
Appraisal	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____	\$ _____	\$ _____
BPO/CMA	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ _____	\$ _____	\$ _____

Pool Claim Section

(Please provide all documentation below)

- ARM Schedule, if adjustable rate loan
- HUD-1 Settlement Statement
- LTV @ _____% (if LTV > 80% then complete Primary Insurance Information)
- Invoices for repair expenses
- Primary Insurance Carrier _____
- Primary Coverage @ _____%
- Copy of Primary Settlement Letter

All information must be completed and all dates provided.

I hereby certify that form is an addendum to the Claim for Loss form and subject to all conditions and certifications state therein.

Authorized Signature

Date