



2345 Grand Blvd, Suite 900  
Kansas City, MO 64108  
www.archinsurance.com

P: 816.531.7668  
F: 816.531.0189  
claim@archinsurance.com

## Mortgage Hazard or Flood Claim Reporting Form

Today's Date: \_\_\_\_\_ Name of Person Completing Form: \_\_\_\_\_

### Claim Information

Date of Loss (if unknown, date of discovery): \_\_\_\_\_  
Details of Loss: \_\_\_\_\_  
Loss Address: \_\_\_\_\_  
Type of Structure: \_\_\_\_\_  
Occupied or Vacant: \_\_\_\_\_ First Vacancy Date: \_\_\_\_\_  
Are you aware of any prior losses? \_\_\_\_\_  
If so, date, details & outcome: \_\_\_\_\_  
Contact Person for Scheduling Inspection: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Loan/Borrower Information

Loan Number: \_\_\_\_\_  
Is this a 1<sup>st</sup> Mortgage, 2<sup>nd</sup> Mortgage or HELOC? \_\_\_\_\_  
Loan Payoff Amount (as of DOL): \_\_\_\_\_  
Is this loan Fannie Mae or Freddie Mac involved/backed? \_\_\_\_\_  
Has the lender started Foreclosure, if so when? \_\_\_\_\_  
Has Foreclosure been granted, if so when? \_\_\_\_\_  
Borrower Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Policy/Lender Information

Lender: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person (name, email, phone): \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Effective Dates: \_\_\_\_\_  
Certificate Number: \_\_\_\_\_  
Are you operating as the servicer of this loan? \_\_\_\_\_

### **Please provide the following documentation (if applicable):**

- |                                 |   |
|---------------------------------|---|
| Certificate/Notice of Insurance | Legal Docs (foreclosure filing, deed in lieu, etc.) |
| Mortgage Contract               | Police / Fire Report                                |
| Payment History                 | Servicer Contract                                   |