

# Lender Placed Insurance

## Claim Form

Phone: (800)833-5912 Fax: (937)323-0787 Email: [claims@insurmark.com](mailto:claims@insurmark.com)

**Note:** Internet Explorer is required to use automatic submission feature in browser. All other browsers are not supported & require manual download and return to [claims@insurmark.com](mailto:claims@insurmark.com)

Lender FI Code  Policy Number  Date

Lender Name

Lender Address  City  State  Zip

Location of Loss Address  City  State  Zip

Name of Mortgagor  Loan Number

Fannie / Freddie Other

Type of Risk:  Dwelling  Multi Dwelling  Commercial  Mobile Home

Condition of Risk:  Occupied  Vacant

### Loss Information

Date of Loss   Actual  Discovered

Cause of Loss  (Fire, Vandalism, Theft, Wind, Flood, etc.)

Brief Description & Extent of Damage

Reported By:  Mortgagor  Other, please name

Date Reported:  Lender Contact:

Telephone & Ext.:  Email Address:

Loss Submitted by:

### Insurmark Use Only (Lender does not complete)

Property Amount Insured: \$  Carrier:

Contents Coverage:  Yes  No Deductible:

Liability Coverage:  Yes  No Policy Number / Contract Year:

Entry Date:  Policy Term:  To

Entry Date of Contents/Liability (if different)

Initials: