



Mortgage Claim Form

HUB Financial Services
750 Canyon Drive, Suite 450
Coppell, TX 75019
Phone 800-559-3168 / Fax 866-279-0609
HFSMort.claims@hubinternational.com

Submitted By: _____

Lender Name: _____

Policy Number: _____

Certificate Number: _____

Lender Contact: _____

Certificate Effective Dates: _____

Phone Number: _____

Email: _____

Owner/Borrower: _____

Phone Number: _____

Property Address: _____

Contact Name & Title (if other than Borrower): _____

Phone Number: _____

Email: _____

Check one from each category:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Dwelling / Residential OR | <input type="checkbox"/> Building / Commercial | <input type="checkbox"/> 1st Mortgage OR | <input type="checkbox"/> 2nd Mortgage |
| <input type="checkbox"/> Vacant OR | <input type="checkbox"/> Occupied | <input type="checkbox"/> Forced Placed OR | <input type="checkbox"/> OREO OR <input type="checkbox"/> Blanket |

Foreclosure Date: _____ Legal Access Date: _____ Est. Vacancy Date: _____

Prior Insurance Carrier: _____ Policy Number: _____

Policy Effective Dates: _____ Phone Number: _____

Facts of Loss: _____

Date of Loss: _____ Date of Discovery: _____

Damages Incurred: _____

Damages Reported By: _____ Date Reported: _____

Please include the following with your claim:

- * A copy of the Certificate of Insurance (if Blanket, no certificate of insurance is required)
- * A copy of the cancellation/expiration of prior insurance (if available)
- * A Broker Price Opinion ("BPO") or recent Appraisal
- * Fire and/or Policy Report (if applicable)
- * Any existing damage, condition or inspection reports

Signature: _____ Date: _____