

LENDERS PERFORMANCE BOND LOSS NOTICE



9515 Deereco Road Suite 1000
Timonium, Maryland 21093
Phone: 410-453-6400 / 800-638-7634 Claims fax: 410-453-6426
www.matterhornfinancial.com

Obligee (Lender) _____ Bond # _____
Address _____
_____ Zip _____

Contact Person _____ Date _____
Telephone # _____ Facsimile # _____ E-Mail _____

Date Insured Discovered Loss _____ Date Reported to Company _____

Principal (Borrower): _____
Address: _____
_____ Zip _____

Date of Loan _____ Delinquency Date _____
Description of Unknown Lien or Encumbrance Causing Loss: _____

Has the property securing your loan been foreclosed and sold? Yes No
If yes, date sold: _____

Attachments (required):

- Copy of the second mortgage or home equity loan application
- Copy of the Borrower's Affidavit
- Copy of the credit bureau report obtained at the time the loan was made
- Copy of all loan underwriting documents
- Copy of the loan agreement document
- Copy of the loan foreclosure documents
- Documentation of the unknown lien or encumbrance giving rise to the claim
- Transaction summary of unpaid outstanding loan balance computed according to the original terms of the second or equity mortgage to the date of default, less:
 - Proceeds Obligee received from liquidating the foreclosed property; and
 - Proceeds Obligee received from any mortgage life, accident and health, hazard or other insurance or indemnity, and other unearned charges; and
 - Foreclosure expenses, late charges, collection expenses and other fees and penalties added after the date of default
- Other: _____

The above statements are true and correct to the best of my knowledge. No material facts are withheld of which the insurer should be informed.

By: _____
Name and Title of Signing Officer

ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

LENDERS PERFORMANCE BOND LOSS NOTICE

Applicable to Arizona

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable to Arkansas, District of Columbia, Kentucky, Louisiana, Maine, Michigan, New Jersey, New Mexico, New York, Pennsylvania and Virginia

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In D.C., LA, VA, and ME insurance benefits may also be denied.

Applicable to California

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Applicable to Colorado

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable to Idaho

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a Statement of Claim containing any false, incomplete or misleading information is guilty of a felony.

Applicable to Indiana

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

Applicable to Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable to Nevada

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

Applicable to New Hampshire

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Applicable to New York

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Applicable to Ohio

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable to Oklahoma

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.