INSURMARK

4 West Main Street, Suite 600
Springfield, Ohio 45502
(800)833-5912
Fax: (937)323-0787

BLANKET MORTGAGE LOSS NOTICE

Financial Institution Code: _____ Date: _____

Financial Institution: _____
Address: _____

Loan Number: _____ File Number:_____
Location of Loss: _____
_____
City State Zip
Name of Mortgagor: _____

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, etc)

Description & Extent of Damage:_____
_____
_____
_____

Reported by: ____ Mortgagor Other: _____
(Name)
Date Reported: _____

Financial Institution Contact: _____

Phone: _____ E-Mail Address: _____

Loss Submitted By: _____ Via: ___ Fax ___ Phone ___ Mail ___E-Mail

INSURMARK USE ONLY

Property Amount Insured: $_____ Carrier: _____

Contents Coverage: ___Yes ___No Deductible:_____
Liability Coverage: ___Yes ___No Policy #/Contract Yr:_____

Entry Date: _____ Policy Term: _____ to _____
Entry Date of Contents/Liability (If different): _____

Initials: _____