

Property Tax Arrears Coverage Claim Form

For prompt processing of your claim, please:

1. Answer all questions on this report and return to address as noted on page 2.
2. Provide a copy of the Mortgage Loan Application, Mortgage Document, Statement of Account, Tax Bill for each year of arrears, Statement of Adjustments (following sale of property).

Part 1 – Account Information	
Name of credit union	Policy number
Mailing address (include street address, city, province and postal code)	
Name of contact person	Position or title
Telephone number	E-mail address

Part 2 – Tax Arrears	
1. When did the tax payment go into arrears?	<input type="text"/>
2. When did you become aware that taxes on this property were in arrears?	<input type="text"/>
3. What action did you take upon becoming aware of the arrears?	<input type="text"/>
4. When was this action commenced?	<input type="text"/>
5. At that time, what position was the mortgage in?	
<input type="checkbox"/> Current <input type="checkbox"/> Default <input type="checkbox"/> Power of Sale <input type="checkbox"/> Foreclosure <input type="checkbox"/> Other, please explain:	
<input type="text"/>	

Part 3 – Mortgage Loan Details		
Date mortgage loan granted (mm/dd/yyyy)	Date of last payment (mm/dd/yyyy)	Amount of loan \$

Residential Property Tax Arrears Coverage is underwritten by CUMIS General Insurance Company.

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Part 4 – Details of Loss

Please calculate the following as of the date the sale proceeds are finalized:

Net proceeds from the sale of property:

\$

Plus: Amounts recovered from mortgage insurer:

\$

Less: Outstanding mortgage balance:

\$

Tax arrears paid out:

\$

Subtotal:

\$

Total Net Loss:

\$

Part 5 – Property Details

Address (include street address, city, province and postal code)

Describe its occupancy (single family dwelling, office, mobile home, etc.)

Type of property:

Residential Commercial

Part 6 – Debtor's Profile

Name (first, last)

Address (include street address, city, province and postal code)

Telephone number

Date of birth (mm/dd/yyyy)

Driver's license no.

Employer

Employer address (include street address, city, province and postal code)

Part 7 – Signatures

Name of authorized representative

Title

Signature of authorized representative

Date (mm/dd/yyyy)

PLEASE ENSURE ALL DOCUMENTS ARE ENCLOSED



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