

MORTGAGEE NOTIFICATION LETTER

Comprehensive Insurance Claim Notice and Payment Processing Request

PRIORITY NOTICE - TIME SENSITIVE

INSURANCE CLAIM REQUIRING IMMEDIATE ATTENTION

- Property damage claim pending
 - Your approval required for repairs
 - Time-sensitive contractor scheduling
 - Additional damage risk without prompt action
-

TRANSMISSION DETAILS

DATE: [Current Date]

SENT VIA:

- ☐ CERTIFIED MAIL - Return Receipt #: [Number]
- ☐ OVERNIGHT DELIVERY - Tracking #: [Number]
- ☐ SECURE FAX: [Number] - Confirmation #: [Number]
- ☐ SECURE EMAIL: [Address] - Read Receipt Requested

TO: MORTGAGE SERVICER

[Mortgage Company Name]

Insurance Loss Draft Department / Property Preservation

[Complete Address]

[City, State ZIP]

ATTN: [Specific Department/Person if known]

Priority Phone: [Loss Draft Direct Line]

Fax: [Department Fax]

Email: [Department Email]

Online Portal: [If applicable]

FROM: BORROWER/PROPERTY OWNER

[Your Full Name(s)]

[Current Mailing Address]

[Phone - Primary]

[Phone - Secondary]

[Email]

LOAN AND PROPERTY IDENTIFICATION

Loan Information

- **Loan Number:** [Complete Loan Number]
- **Property Address:** [Complete Property Address]
- **Borrower Name(s):** [All Names on Loan]
- **Co-Borrower:** [If applicable]
- **Loan Type:** ☐ Conventional ☐ FHA ☐ VA ☐ USDA ☐ Other
- **Origination Date:** [Date]
- **Original Loan Amount:** \$[Amount]
- **Current Principal Balance:** \$[Amount] as of [Date]

Property Details

- **Property Type:** ☐ Single Family ☐ Condo ☐ Townhouse ☐ Multi-Family
 - **Year Built:** [Year]
 - **Current Occupancy:** ☐ Owner-Occupied ☐ Tenant ☐ Vacant due to damage
 - **Property Value (Pre-Loss):** \$[Estimated Amount]
-

SECTION 1: INSURANCE CLAIM NOTIFICATION

Loss Event Details

DATE OF LOSS: [Exact Date and Time if known]

CAUSE OF LOSS: ☐ Fire ☐ Water ☐ Wind/Hail ☐ Lightning ☐ Other: [Specify]

CLAIM REPORTED: [Date reported to insurance]

INSURANCE INFORMATION:

- **Carrier:** [Insurance Company Name]
- **Policy Number:** [Policy Number]
- **Claim Number:** [Claim Number]
- **Adjuster Name:** [Name]

- **Adjuster Phone:** [Direct Line]
- **Adjuster Email:** [Email]

Damage Summary

SEVERITY ASSESSMENT: ☐ Minor (Cosmetic damage only) ☐ Moderate (Habitable but needs repairs) ☐ Major (Temporarily uninhabitable) ☐ Severe (Extensive structural damage) ☐ Total Loss (Complete destruction)

AFFECTED AREAS:

Area	Damage Description	Estimated Cost
Structure	[Description]	[\$Amount]
Roof	[Description]	[\$Amount]
Interior	[Description]	[\$Amount]
Systems	[Description]	[\$Amount]
Other	[Description]	[\$Amount]
Total Estimate		[\$Amount]

HABITABILITY STATUS:

- Currently Habitable: ☐ Yes ☐ No
- If No, Temporary Housing: ☐ Arranged ☐ Needed
- Estimated Displacement: [Weeks/Months]
- Security Measures: [Boarded/Fenced/Monitored]

SECTION 2: MORTGAGE ACCOUNT STATUS

Payment History

CURRENT STATUS: ☐ Current ☐ Past Due: [# Days]

Last Payment: Date: [Date] Amount: [\$Amount]

Next Payment Due: [Date]

Monthly Payment: \$[P&I] + \$[Escrow] = \$[Total]

Account Performance

- **Payment History (12 months):** [# on-time] of 12 payments
- **Previous Claims:** ☐ None ☐ Yes: [Date and Type]

- **Loan Modifications:** ☐ None ☐ Yes: [Type]
- **Forbearance:** ☐ No ☐ Current ☐ Previous

Escrow Account

- **Annual Insurance Premium:** \$[Amount]
- **Annual Property Tax:** \$[Amount]
- **Monthly Escrow:** \$[Amount]
- **Escrow Balance:** \$[Amount] as of [Date]
- **Analysis Date:** [Last analysis date]

MY COMMITMENT: I will continue making mortgage payments throughout the repair process and maintain all insurance requirements.

SECTION 3: INSURANCE PROCEEDS INFORMATION

Settlement Details

INSURANCE SETTLEMENT BREAKDOWN:

Coverage Type	Amount Approved	Status	Expected Date
Dwelling/Structure	\$[Amount]	<input type="checkbox"/> Pending <input type="checkbox"/> Approved	[Date]
Other Structures	\$[Amount]	<input type="checkbox"/> Pending <input type="checkbox"/> Approved	[Date]
Personal Property	\$[Amount]	<input type="checkbox"/> Pending <input type="checkbox"/> Approved	[Date]
Additional Living Expense	\$[Amount]	<input type="checkbox"/> Pending <input type="checkbox"/> Approved	[Date]
Code Upgrades	\$[Amount]	<input type="checkbox"/> Pending <input type="checkbox"/> Approved	[Date]
Gross Settlement	\$[Amount]		
Less Deductible	-\$[Amount]	To be paid by owner	
Net Proceeds	\$[Amount]		

Check Information

EXPECTED PAYMENTS:

1. Initial Payment (ACV):

- Amount: \$[Amount]
- Expected Date: [Date]
- Payable to: [Your Name] AND [Mortgage Company]

- Check #: [If known]

2. Recoverable Depreciation:

- Amount: \$[Amount]
- Release Condition: Upon completion
- Timeline: [Estimated date]

3. Supplemental Payments:

- Anticipated: ☐ Yes ☐ No
- Estimated Amount: \$[Amount]
- For: [Hidden damage, code upgrades, etc.]

TOTAL INSURANCE PROCEEDS EXPECTED: \$[Amount]

SECTION 4: REPAIR PROCESS AND CONTRACTOR

Selected Contractor

CONTRACTOR INFORMATION:

- **Company Name:** [Contractor Business Name]
- **License Number:** [State License #]
- **Insurance:** ☐ Verified GL Insurance
- **Bond:** ☐ Yes ☐ No Amount: \$[Amount]
- **Contact Person:** [Name]
- **Phone:** [Number]
- **Email:** [Email]
- **Address:** [Business Address]

CONTRACTOR VERIFICATION:

- ☐ License verified with state board
- ☐ Insurance certificate on file
- ☐ References checked
- ☐ BBB rating reviewed: [Rating]
- ☐ No outstanding complaints found
- ☐ Contract signed (copy attached)

Repair Timeline

Phase	Description	Start Date	End Date	Cost
1	Mitigation/Demolition	[Date]	[Date]	[\$[Amount]]
2	Permits/Planning	[Date]	[Date]	[\$[Amount]]
3	Structural Repairs	[Date]	[Date]	[\$[Amount]]
4	Systems (Electrical/Plumbing/HVAC)	[Date]	[Date]	[\$[Amount]]
5	Insulation/Drywall	[Date]	[Date]	[\$[Amount]]
6	Flooring/Finishes	[Date]	[Date]	[\$[Amount]]
7	Final Inspections	[Date]	[Date]	[\$[Amount]]
Total Duration	[Weeks/Months]			[\$[Amount]]

Quality Control

- Municipal inspections at each phase
- Photo documentation maintained
- Your inspection rights preserved
- Warranty provided on all work

SECTION 5: REQUESTED ACTIONS

Immediate Needs

1. EXPEDITED ENDORSEMENT We urgently need endorsement of insurance check(s) to:

- ☐ Begin emergency repairs (prevent further damage)
- ☐ Pay contractor deposit (secure scheduling)
- ☐ Purchase materials (lock in pricing)
- ☐ Start work (minimize displacement time)

Requested Timeline: Within [5-10] business days

2. DISBURSEMENT PROCEDURE Please establish a disbursement procedure that:

- Minimizes delays in payment to contractors
- Provides clear requirements upfront
- Allows reasonable draw amounts

- Includes predictable inspection timeline
- Offers online or electronic processing

3. INSPECTION PROTOCOL Proposed inspection schedule:

Draw %	Inspection Type	Inspector	Timeline
10%	Photos only	N/A	24 hours
30%	Photos only	N/A	48 hours
50%	On-site or photos	Your choice	5 days
70%	On-site or photos	Your choice	5 days
90%	On-site required	Your inspector	5 days
100%	Final on-site	Your inspector	5 days

4. FEE CONSIDERATION Given this is an insured casualty loss, I respectfully request:

- ☐ Waiver of administrative fees
- ☐ Reduction of inspection fees
- ☐ No charge for check endorsement
- ☐ Waiver of overnight mail fees

SECTION 6: DOCUMENTATION PROVIDED

Enclosed Documents

INSURANCE DOCUMENTATION:

- ☐ Insurance adjuster's detailed estimate
- ☐ Insurance settlement letter
- ☐ Claim summary report
- ☐ Photos of damage (# of photos: [Number])
- ☐ Copy of insurance policy dec page

CONTRACTOR DOCUMENTATION:

- ☐ Signed contractor agreement
- ☐ Contractor's detailed estimate
- ☐ Contractor's license (verified)

- ☐ Contractor's insurance certificate
- ☐ Contractor's W-9 for payment
- ☐ Payment schedule

FINANCIAL DOCUMENTATION:

- ☐ Proof of last 3 mortgage payments
- ☐ Current homeowner's insurance
- ☐ Property tax receipts (current)
- ☐ HOA dues current (if applicable)

ADDITIONAL DOCUMENTS:

- ☐ Repair permits (when obtained)
- ☐ Engineer report (if applicable)
- ☐ Code upgrade requirements
- ☐ Temporary housing receipts

SECTION 7: DISBURSEMENT PROPOSAL

Recommended Payment Structure

PROPOSED DRAW SCHEDULE:

Draw #	Milestone	% of Total	Amount	Documentation Required
1	Contract signing	10%	[\$Amount]	Signed contract, permits
2	Demolition complete	20%	[\$Amount]	Photos, debris receipts
3	Framing/Dry-in	20%	[\$Amount]	Photos, material receipts
4	Mechanicals rough	20%	[\$Amount]	Inspection reports
5	Drywall complete	15%	[\$Amount]	Photos, inspection
6	Substantial completion	10%	[\$Amount]	Walk-through report
7	Final completion	5%	[\$Amount]	Certificate of occupancy

ESCROW ACCOUNT OPTION: If you prefer, establish an escrow account:

- Joint control agreement
- Title company or attorney managed

- Funds released per milestones
- Interest accrues to borrower

Emergency Repairs

IMMEDIATE RELEASE NEEDED: Emergency repairs totaling \$[Amount] are needed immediately for:

Item	Purpose	Cost	Consequence if Delayed
Temporary roof	Prevent water damage	\$[Amount]	Additional damage
Board-up	Security	\$[Amount]	Vandalism/theft
Water extraction	Prevent mold	\$[Amount]	Mold growth
Power restoration	Prevent freezing	\$[Amount]	Pipe burst
Total Emergency		\$[Amount]	

Request: Please endorse \$[Amount] immediately for emergency repairs

SECTION 8: COMPLIANCE AND COMMITMENTS

Borrower's Commitments

I/WE COMMIT TO:

1. Financial Obligations

- Continue all mortgage payments on time
- Maintain hazard insurance
- Pay property taxes when due
- Cover insurance deductible

2. Property Maintenance

- Secure property from further damage
- Maintain property during repairs
- Complete repairs expeditiously
- Use licensed contractors only

3. Documentation

- Provide all requested documentation
- Submit invoices and receipts
- Photo document progress

- Obtain lien waivers

4. Communication

- Weekly progress updates if requested
- Immediate notice of any issues
- Respond to requests within 48 hours
- Coordinate inspections

Legal Compliance

CONFIRMATION OF COMPLIANCE:

- ☐ All work will meet current building codes
 - ☐ All required permits will be obtained
 - ☐ Only licensed contractors will be used
 - ☐ Mechanics lien waivers will be obtained
 - ☐ Insurance will be maintained throughout
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SECTION 9: ESCROW ACCOUNT CONSIDERATIONS

Current Escrow Status

ESCROW ACCOUNT ADJUSTMENTS:

- Current Balance: \$[Amount]
- Annual Insurance Premium: \$[Amount]
- Annual Property Tax: \$[Amount]
- Monthly Escrow: \$[Amount]

ANTICIPATED CHANGES:

- Insurance Premium: ☐ May increase ☐ No change expected
- Property Tax: ☐ May change ☐ No change expected
- Escrow Analysis: Next scheduled [Date]

REQUEST: Please advise on any escrow adjustments needed during repair period

SECTION 10: TIME SENSITIVITY

Critical Deadlines

WHY IMMEDIATE ACTION IS NEEDED:

Issue	Deadline	Consequence if Missed	Cost Impact
Contractor scheduling	[Date]	Lose contractor, 2-month delay	+\$[Amount]
Material pricing	[Date]	Price increase locked	+\$[Amount]
Weather window	[Date]	Season change delays	+\$[Amount]
Temporary housing	[Date]	Current arrangement ends	+\$[Amount]
Insurance deadlines	[Date]	May affect coverage	Coverage risk
Code compliance	[Date]	Permit expiration	Restart process

TOTAL ADDITIONAL COST IF DELAYED: \$[Amount]

SECTION 11: COMMUNICATION PREFERENCES

Contact Information

PRIMARY CONTACT (Borrower):

- Name: [Your Name]
- Best Phone: [Number] (Hours: [Available times])
- Cell: [Number] (Text okay: ☐ Yes ☐ No)
- Email: [Address] (Preferred: ☐ Yes ☐ No)

SECONDARY CONTACT:

- Name: [Spouse/Co-borrower]
- Phone: [Number]
- Email: [Address]

CONTRACTOR CONTACT:

- Name: [Contact person]
- Phone: [Direct line]
- Email: [Address]

INSURANCE ADJUSTER:

- Name: [Adjuster name]
- Phone: [Direct line]
- Email: [Address]
- Best time to reach: [Time/days]

Response Preferences

PLEASE RESPOND VIA:

- ☐ Phone call to: [Number]
 - ☐ Email to: [Address]
 - ☐ Overnight mail to: [Address]
 - ☐ Secure portal message
 - ☐ Text for urgent matters: [Number]
-

SECTION 12: REQUEST FOR CONFIRMATION

Please Confirm Receipt and Provide:

WITHIN 24-48 HOURS:

1. Acknowledgment of receipt of this letter
2. Your claim reference number
3. Direct contact person's name and phone
4. Email for document submission

WITHIN 5 BUSINESS DAYS:

1. Complete disbursement requirements
2. Required forms (fillable PDFs preferred)
3. Inspection procedures and fees
4. Timeline for check endorsement
5. Any additional requirements

WITHIN 10 BUSINESS DAYS:

1. Initial check endorsement (if received)
2. Approval of proposed draw schedule

3. Confirmation of fee waivers (if applicable)
 4. Inspection scheduling (if required)
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SECTION 13: ALTERNATIVE SOLUTIONS

If Standard Process Is Problematic

ALTERNATIVE OPTIONS TO CONSIDER:

1. Direct Payment to Contractor

- Eliminates endorsement delays
- Requires W-9 and contract
- Protects all parties

2. Escrow Account

- Third-party managed
- Transparent disbursement
- Interest-bearing option

3. Rapid Release Program

- If available in your programs
- For qualified borrowers
- Streamlined process

4. Electronic Processing

- Online portal submission
 - Electronic endorsements
 - ACH payments
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SECTION 14: REGULATORY NOTICE

Know Your Rights

REGULATORY OVERSIGHT: This process is governed by:

- Federal mortgage servicing regulations
- [State] insurance laws
- Consumer protection statutes

- RESPA requirements

IF ISSUES ARISE: I will not hesitate to contact:

- [State] Banking Department: [Phone]
- [State] Insurance Commissioner: [Phone]
- Consumer Financial Protection Bureau: [Phone]
- My attorney: [If applicable]

GOOD FAITH EXPECTATION: I expect this process to be handled:

- In good faith
 - Without unnecessary delays
 - With reasonable requirements
 - In compliance with all regulations
-

CONCLUSION

Summary and Final Request

I have provided comprehensive information about the insurance claim affecting the mortgaged property. The damage is significant but repairable, and I have taken all appropriate steps to protect your interest in the property.

Time is of the essence for multiple reasons outlined above. Each day of delay increases costs and extends the time before I can return to my home. I have selected a qualified contractor and am ready to begin repairs immediately upon your approval.

I request your immediate attention to this matter and look forward to working cooperatively to restore the property quickly and efficiently. Please contact me at your earliest convenience to begin the disbursement process.

Thank you for your prompt attention to this urgent matter.

SIGNATURE

Respectfully submitted,

[Your Signature]

[Print Name]

Date: [Date]

[Co-Borrower Signature, if applicable]

[Print Name]

Date: [Date]

ENCLOSURES

Complete List of Attached Documents:

1. Insurance adjuster's estimate ([# pages])
2. Insurance settlement letter ([# pages])
3. Contractor agreement ([# pages])
4. Contractor's license and insurance ([# pages])
5. Damage photos ([# photos])
6. Proof of mortgage payments ([# pages])
7. Insurance declaration page ([# pages])
8. Property tax receipt ([# pages])
9. [Other documents]

Total Pages Enclosed: [#]

COPY DISTRIBUTION

cc:

- Insurance Adjuster: [Name]
- Contractor: [Company name]
- Insurance Agent: [Name]
- Attorney: [If applicable]

- File
-

FOLLOW-UP TRACKING

For Your Records

Date	Action	Contact Person	Result	Next Step
[Date]	Letter sent	N/A	Tracking #[Number]	Wait for receipt
[Date]				
[Date]				

IMPORTANT REMINDERS

After Sending This Letter:

1. Call in 48 hours to confirm receipt
2. Get direct contact's name and extension
3. Ask about expedited processing
4. Document all conversations
5. Follow up weekly until resolved
6. Escalate if no response in 10 days

Red Flags to Watch For:

- Excessive fees
- Unreasonable delays
- Unnecessary requirements
- Lack of communication
- Conflicting information

If Problems Arise:

- Request supervisor immediately
- Document everything in writing
- Consider regulatory complaint
- Consult with attorney

- Contact insurance company for assistance
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This notification is time-sensitive and requires immediate attention to prevent further damage and financial harm. Please treat with appropriate urgency.