

Triad Guaranty Insurance Corporation, In Rehabilitation
P.O. Box 2300
Winston Salem, NC 27102
Phone: 800-628-4744
Fax: 336-499-0064
Email: defaults@tgc.com



NOTICE OF DEFAULT

In accordance with our Master Policy, we hereby notify Triad Guaranty Insurance Corporation, In Rehabilitation that the Borrower named below has defaulted in the monthly payments on the loan insured under the Master Policy and Certificate described herein.

MI CERTIFICATE NUMBER		SERVICER LOAN NUMBER		
SERVICER NAME				
SERVICER ADDRESS				
Street	City	State	Zip Code	
Investor (Check One): <input type="checkbox"/> FHLMC <input type="checkbox"/> FNMA <input type="checkbox"/> OTHER Investor Loan #				
Mortgagor Name:	First	Middle	Last	Mortgagor Social Security Number
Co-Mortgagor Name:	First	Middle	Last	Co-Mortgagor Social Security Number
Property Address	Street	City	State	Zip Code
Mailing Address If Different	Street	City	State	Zip Code
Home Phone Number			Work Phone Number	

CURRENT PRINCIPAL BALANCE (exclude all delinquent interest, etc)				Total Delinquent Amount		
LOAN DUE FOR DATE				BANKRUPTCY	File Date	Chapter
Month	Day	Year				

REASON FOR NONPAYMENT (Check One)

<input type="checkbox"/> Business Failure	<input type="checkbox"/> Fraud	<input type="checkbox"/> Inability to Sell	<input type="checkbox"/> Other (Explain Below)	<input type="checkbox"/> Curtailment of Income
<input type="checkbox"/> Death	<input type="checkbox"/> Hazard/Casualty Loss	<input type="checkbox"/> Marital Problems	<input type="checkbox"/> Payment Adjustment	<input type="checkbox"/> Transfer of Ownership
<input type="checkbox"/> Disregard for Obligation	<input type="checkbox"/> Illness/Medical	<input type="checkbox"/> Military Service	<input type="checkbox"/> Payment Dispute	<input type="checkbox"/> Unknown (Explain Below)
<input type="checkbox"/> Excessive Use of Credit	<input type="checkbox"/> Inability to Rent	<input type="checkbox"/> Moved/Abandoned	<input type="checkbox"/> Property Problems	<input type="checkbox"/> Unemployment

IS THIS A FIRST PAYMENT DEFAULT?	OCCUPANCY STATUS (Check One):		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mortgagor	<input type="checkbox"/> Tenant	<input type="checkbox"/> Vacant

DATE OF LAST MORTGAGE CONVERSION:	Month	Day	Year
-----------------------------------	-------	-----	------

SERVICER'S NEXT ACTION WILL BE (Check One)

<input type="checkbox"/> Foreclosure	<input type="checkbox"/> Offer to Take Voluntary Conveyance (DIL)	<input type="checkbox"/> Recommended Mortgagor List for Sale
<input type="checkbox"/> Loan Modification/Workout	<input type="checkbox"/> Pending Refinance	
<input type="checkbox"/> Negotiate Payment Plan	<input type="checkbox"/> Promise to Pay--Date: (If available)	

DESCRIBE SERVICER'S COLLECTION EFFORTS

SERVICER CONTACT

SERVICER PHONE NUMBER & EXT	EMAIL	DATE
-----------------------------	-------	------