FIS 0033 (12/23) Department of Insurance and Financial Services

Proof of Claim Against a Mortgage Company Bond

Amount claimed **$**	Date you paid the amount claimed

I have consulted legal counsel regarding this matter ☐ Yes ☐ No

Instructions:

Claims against a bond shall involve only mortgage loans or mortgage applications secured or to be secured by residential real property located in Michigan. The amount of the claim is limited to actual fees in connection with a loan application, overcharges of principal and interest, and excess escrow collections charged by the licensee and paid by the claimant to the licensee. Claims for travel expense, lost opportunity, legal advice, and other expenses not directly related to monies paid will not be reimbursed as a result of this claim. Please do not claim such expenses. You may have recourse in civil court for the other expenses. Please consult your legal advisor. Our office cannot provide legal advice. We cannot represent you in any legal matters.

Please submit documentation to support your claim including copies of your note, mortgage, settlement statement, loan application, *canceled* checks or drafts, cashed money orders, and other evidence that will help us understand your claim. Submission of a claim against a bond does not guarantee payment.

SEND COPIES OF DOCUMENTS. DO NOT SEND ORIGINALS

The Director of the Department of Insurance and Financial Services administers funds received from bond companies. These funds may or may not cover all claims against a particular licensee or former licensee. The total amount of money Available to reimburse all claims shall not exceed the amount of the bond, or the bond amount surrendered to the State of Michigan, whichever is less.

Send your completed form with documentation attached to:

DIFS – Office of Consumer Services
PO Box 30220
Lansing, MI 48909-7720
Fax: 517-284-8850
Email: DIFS-Fin-Info@michigan.gov

This claim is against

Name of licensee or former licensee

Name of company representative you worked with

Current address/phone of company or representative *(if known)*

Claimant

Name

Claimant Social Security Number

Number, street and floor or suite number

PO Box

City	State	*Zip*

Daytime phone number *(include area code)*	Fax number

Email address

Representative of Claimant *(if applicable)*

Name and title

Name of Firm or Company

Number, street and floor or suite number

PO Box

City	State	Zip

Daytime phone number (*include area code)*	Fax number
Email address	Relationship to claimant

Description of claim: *Give pertinent facts, dates and amounts consistent with your supporting documentation. Attach additional sheets as needed.*

Certification

I certify that the information provided in this form and the supporting documentation attached is true to the best of my knowledge and belief.

Signature of claimant or claimant's legal representative	Date Signed

Authority: Public Act 173 of 1987 and Public Act 125 of 1981 as amended. Submission is voluntary. Complete and submit this form to make a claim against a bond administered by DIFS.