

Proof of Claim Against a Company Bond

Amount claimed \$	Date you paid the amount claimed
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I have consulted legal counsel regarding this matter Yes No

Instructions:

Claims against a bond are limited to actual costs or fees in connection with a loan application, overcharges of principal and interest, funds provided to a licensee to transfer, 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, receipts, contracts, settlement statement, loan application, *cancelled* 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
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Authority: Public Act 244 of 2005, Public Act 250 of 2006, Public Act 148 of 1975, Public Act 27 of 1950 (Ex. Sess.), and Public Act 75 of 2009 as amended. Submission is voluntary. Complete and submit this form to make a claim against a bond administered by DIFS.



Michigan Department of Insurance and Financial Services

DIFS is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442