



MONTHLY REPORTING FORM

Today's date _____ **CHECK IF LAST REPORT FOR REPORTING MONTH** _____

Insured Name _____

I AM REPORTING NO CHANGES FOR THE MONTH OF _____

PROPERTY REPORTING FORM

LOAN NUMBER _____ INSURED VALUE: \$ _____

BORROWER NAME: _____
(Last) (First)

PROPERTY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CIRCLE THE APPROPRIATE INFORMATION:

- 1.) ADD CHANGE CANCEL **Effective date:** _____
- 2.) COVERAGE TYPE: FP OR REO
 RESIDENTIAL SINGLE FAMILY RESIDENTIAL TWO FAMILY
 RESIDENTIAL THREE FAMILY RESIDENTIAL FOUR FAMILY
 COMMERCIAL 1-4 UNITS COMMERCIAL 5-8 UNITS COMMERCIAL 8-12 UNITS
 MOBILE HOME VACANT LAND FLOOD
- 3.) NUMBER OF STRUCTURES ON PREMISES _____
- 4.) VACANT OR OCCUPIED
- 5.) LOSS OF RENTS DESIRED? _____ IF YES, PROVIDE MONTHLY RENT \$ _____
- 6.) MORTGAGEE/LOSS PAYEE _____
- 7.) MORTGAGEE/LOSS PAYEE ADDRESS _____

IMPORTANT: ALL INFORMATION MUST BE COMPLETE AND IN OUR OFFICE BY THE 7TH OF EACH MONTH, FAILURE TO SEND REGULAR REPORTS MAY INVALIDATE YOUR ERROR & OMISSIONS COVERAGE.

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