

**NOTICE OF CLAIM FORM
FOR STRUCTURAL CLAIMS ONLY**

Please read the Warranty Booklet for filing instructions and pertinent information.

YOUR NAME _____

ADDRESS OF CLAIM _____
(Street)

(City) (State) (Zip)

HOME PHONE () _____ BUSINESS PHONE () _____

EFFECTIVE DATE OF WARRANTY _____/_____/_____
(Date of Closing or First Occupancy) (Mo.) (Day) (Year) Certificate of Warranty Coverage #

Please note that your Warranty provides Limited Structural Warranty Coverage which is subject to exclusions and conditions. You are encouraged to review the Structural Coverage provisions of your Warranty Booklet.

Please answer the following questions:

- 1 Have you reviewed the Definition of a Structural Defect in your Warranty Booklet? Yes No
- 2 Do you believe that you have actual physical damage to one or more of the listed load bearing portions of your home? Yes No
- 3 Have you reviewed the list of non-load-bearing elements which would not qualify as a Structural Defect under this coverage? Yes No
- 4 Do you feel that your home is unsafe, unsanitary or unlivable as a result of the defect? Yes No

NATURE OF DEFECT (BE SPECIFIC; IF AVAILABLE, ENCLOSE PHOTOGRAPHS; ATTACH SEPARATE SHEET IF NECESSARY): _____

DATE DEFECT FIRST OBSERVED _____

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER (USCDC) FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER (USCDC) OR CLAIMANT (HOMEBUYER) WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE INSURANCE COMMISSIONER OF YOUR STATE.

Homebuyer Signature Date

Homebuyer Signature Date