| 🥱 Fannie | e Mae | New Initial Submission | Supplemental Submissio | n Final Submi | ssion | | |
|---|---|---|---|--|---|--|--|
| | | | _ ''' | | ental Submission No | | |
| Report | t of N | Tultifamily H | lazard Insui | rance Lo | OSS | | |
| Directions: The S The Servicer mus casualty unless # Form 178 to Fanr | Servicer me st submit the here was s nie Mae wi | ust notify Multifamily Asset Mane Report of Multifamily Haza erious injury or death occurre thin 10 days of the occurrence must be submitted again who | nagement <u>via the MAMP</u> whard Insurance Loss (Form 1 and Insurance Loss (Form 1 and. If serious injury or death be. <u>The Servicer must</u> also s | nen a casualty <u>loss</u> 78) to Fannie Mae has occurred, the ubmit a supplemer | of \$75,000 or more occurs. within 30 days after a the n the Servicer must submit | | |
| Property Name | e: | | Fannie Mae | Loan Number: | | | |
| Property Addr | ess: | | City: | State: | Zip Code: | | |
| Description of Loss: (attach additional pagif necessary) | | | | | | | |
| Date of Loss: | | Projected Repair/ Restoration Completion Date: | <u>Days</u> <u>to</u> <u>Completion</u> | of Repair | d Percentage /Restoration ed to Date: | | |
| Amount of Los | s Draft: | | Total Amount of | Loss: | | | |
| Amount of Previous L Drafts (If any); Total Amount of Loss Drafts: | | ss | Difference between Total Loss and T | | | | |
| | | | Loss Drafts: | otai | | | |
| Attached is a cop the settlement al (Do not attach the insur Select "YES" or | loss draft py of the i mount wa rance loss dra "NO" for e | notified of the above loss s in the amount of insurance company's Proof is based. The loss draft fit or check for Fannie Mae endorsemen each of the following statemer (attach additional pages if nec | in cor of Loss or comparable do has been endorsed by the tunless endorsement by the Service hts. For any "NO" answer, | nnection with the ocument, providing Servicer. er is prohibited per the Servicer must pro | settlement of the loss. Ing information on which Servicer's Contract with Fannie Mae) Divide an explanation in the | | |
| | | "NAV" and re-submit the form | • / | • | | | |
| ☐ NAV ☐ YES | S □NO | • • | ault or performance default und | | • | | |
| ☐ NAV ☐ YES | S □NO | Total funds available from insurance proceeds (combined with other funds that the Borrower <a does="" guide="" href="https://example.com/has_new-mainle-name-name-name-name-name-name-name-nam</td></tr><tr><td>□ NAV □ YES</td><td>S □NO</td><td colspan=6>The Property or repaired should be capable of generating anough income to cover all energing</td></tr><tr><td>□ NAV □ YES</td><td>s □NO</td><td colspan=6>There are no going at land use restrictions that would produce the Derrower from rebuilding at restaring</td></tr><tr><td>□ NAV □ YES</td><td>i □no</td><td></td><td>r can be completed by the ear</td><td></td><td></td></tr><tr><td>□ NAV □ YES</td><td>s □no</td><td>•</td><td>e Property since being notified</td><td>d of the loss. (Answe</td><td>r " if="" nav"="" not<="" td="" the=""> | | | | | |

| | | | The loss draft is the first loss draft in loss drafts have been issued.) | ft in connection with this loss. (For any "NO" answer, explain why multiple | | | | |
|-------|------------------------------------|--|--|---|--|--|--|--|
| | | | | r serious injury that required hospitalization due to the casualty loss. (For any ils on the number of tenants affected, death or injury, type of injuries, media or event, litigation and status of litigation.) | | | | |
| | | ee and loss payee on the insurance policy and loss draft check (For have the policy endorsed to add Fannie Mae immediately.) | | | | | | |
| | nments: <u>Ser</u> essary addit | | | on for any "NO' answers to the questions on Page 1 and any | | | | |
| | | | | | | | | |
| | commend | ation: | | | | | | |
| | | | | sustained by the Property. Servicer will hold the loss draft proceeds ts, and will disburse such funds to the Borrower to cover the cos | | | | |
| | of restoration | on or repair | <u>.</u> | | | | | |
| | 100% of the the Borrowe | | storation work has been completed to | o our satisfaction. The loss draft proceeds should be disbursed to | | | | |
| | The loss dra | | | npaid principal balance of the Mortgage Loan. (Explain if this | | | | |
| | Other reco | mmendatio | ons: (Explain in detail, by attachment | if necessary.) | | | | |
| | | | | | | | | |
| Servi | cer's Name | | | | | | | |
| Addro | ess | | | | | | | |
| City | | | State Zip Code | | | | | |
| Servi | cer Number | , | | | | | | |
| Telep | hone No. | | | | | | | |
| Emai | l Address | | | | | | | |
| By: | | | | | | | | |
| Name | e: | | | | | | | |
| | | | | | | | | |

| Title: | | | |
|--------|--|--|--|
| Date: | | | |