

SAMPLE LETTER-HAZARD INSURANCE COMPANY

Name and
Address of
Insurance Company

Re: Policy number
Effective (Policy start date to policy end date)
Name of Insured: Joe Smith
Sue Smith
1 Main Street
Downtown, MD 12345

The servicing of the above referenced loan has been transferred. Please forward all future renewal billing to the address listed below and issue an endorsement to correct the mortgagee clause to read:

**Connecticut Housing Finance Authority
C/O Bogman, Inc.
Its successors and/or assigns, ATIMA
12301 Old Columbia Pike, Suite 200
Silver Spring, MD 20904-1656**

Thank you for your immediate attention to this matter.

Sincerely
Service Release Administrator