From:

_____

_____

_____

Reporting Period _____ (Month/Year)

Prepared by: _____

Master Policy Number: _____

DeLong Associates

Monthly Mortgage Blanket Fire Security Reporting Form

157 Timrod Trail
Glastonbury, CT 06033

FAX (860) 659-3241
Phone (860) 659-3240

Loan Number	Borrower's Name (Last, First)	Property Address (Street , City, State, Zip)	Type Code	New or Renewal	Amount of Insurance	Effective From/To	Premium

Type Codes:

DO-01 Dwelling Occupied **DO-03 REO Dwelling Occupied** **MHO-09 Mobile Home Secured** **CO-05 Commercial Occupied** **__-__ Other**

DV-02 Dwelling Vacant **DV-04 REO Dwelling Vacant** **MHV-10 Mobile Home Unsecured** **CO-06 Commercial Vacant** **_____**