LOSS DRAFT DISCOVERY QUESTIONNAIRE



Thank you for your interest in our Loss Drafts services. We'd love to help you get started, but before we dive in, please provide some initial information so we can get to know you and understand your needs a little better. Please complete the following form and return to the email address provided below.

First Name	Last Name
Email Address	Phone
Company Name	
1. What is your volume of loans?	
•	b. Volume of Second Liens
2. What is your current volume of open claims?	
3. What investors do you currently have? (ie. FNMA, FHLMC, GNMA, etc.)	
4. What operating system do you use? (ie. BlackKnight, LSAMS, LoanServ, etc.)	
5. What is your quick endorse threshold?	
6. Do you currently have a standard letter set of Loss Draft Letters?	
7. Do you currently have a separate phone number for loss drafts?	
8. Do you currently have a separate fax number for loss d	Irafts? Yes No
9. Do you currently have a separate email for loss drafts?	Yes No
10. Are specialty claims handled as a monitored claim?	Yes No
11. Do you have separate requirements for specialty cla	aims? Yes No
If yes please list those requirements:	
12. Are defaulted loans handled as monitored claims?	Yes No
13. Is IORE set to auto calculate and pay?	Yes No
Send to Vicki (Nowak) Koglmeier, Senior Manager of Loss Drafts: vnowak@	@oscis.com Office: 678.433.6053 Cell: 716.601.9329

