

# WORKOUT REQUEST FORM

**Canada Guaranty Mortgage Insurance Company**

 Loss Management Department  
 1 Toronto Street, Suite 400 Toronto, ON M5C 2V6  
 Tel: 1.866.414.9109 ext. 7001 | Fax: 1.866.668.7043

 Please submit all requests to:  
[lossmanagement@canadagaranty.ca](mailto:lossmanagement@canadagaranty.ca)

<b>Mortgage Reference #:</b>		<b>Borrower Names:</b>	
<b>CG Certificate #:</b>			
<b>Lender Contact Info:</b> <i>(Name, email and/or phone number)</i>			<b>Property Address:</b> <i>(Please include street address, city, province, postal code)</i>

<b>Mortgage Payment Amount (\$):</b>		<b>Mortgage Payment Includes:</b>	
<b>Payment Frequency:</b>		<b>Estimated LTV: (%)</b> <i>(If known)</i>	
<b>Outstanding Principal Balance (\$):</b>		<b>Outstanding Mortgage Balance as of:</b> <i>(dd/mm/yyyy)</i>	
<b>Last Mortgage Payment Made:</b> <i>(dd/mm/yyyy)</i>		<b>Next Mortgage Payment Due:</b> <i>(dd/mm/yyyy)</i>	
<b>Mortgage Payments are up to Date:</b>	<b>YES</b> <b>NO</b>	<b># of Mortgage Payments in Arrears:</b>	
<b>Property Taxes are up to Date with Municipality:</b>	<b>YES</b> <b>NO</b>	<b>Property Tax Arrears (\$):</b>	
<b>Condo Fees are up to Date:</b>	<b>YES</b> <b>NO</b>	<b>Condo Arrears (\$):</b>	

<b>Remaining Amortization:</b> <i>(Months)</i>	
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<b>Prior Workout Date and Details:</b> <i>(If applicable)</i>	
<b>Mortgage Payment History Comments:</b>	
<b>Reason for Current Workout Request:</b>	
<b>REQUIRED</b> <b>Lender's Workout Recommendation:</b>	