

Lender-Placed CPI

Claim Form

Agency Information

Unitas Financial Services
 6543 Commerce Parkway, Suite M
 Dublin, OH 43017

Policy Number: _____
 Policy Effective Date: _____
 Policy Expiration Date: _____

Creditor Information			
Report Date:			
Insured Name (Creditor):			
Claim Filed By (First / Last Name):			
Job Title:			
Email:		Phone:	

Borrower Information:			
Borrower Name:			
Borrower Address:			
Borrower City / State:			
Borrower Driver License Number:			
Borrower Phone Number:		Additional Phone Number:	
Borrower SSN (Last Four Digits):			

Loan & Vehicle Information:						
Borrower Name:				Loan Date:		
VIN:						
Vehicle Year:		Make:		Model:		
Location of Collateral:						
Description of Damage:						
Date of Loss (Accident or Theft if known):						
Loss Type — <i>Check one box only.</i>	<input type="checkbox"/> Collision	<input type="checkbox"/> Theft	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Other		
Dwelling Coverage Amount:		Deductible:				
Borrower Insurance Information (Last Known):						
Agency Contact (Name & Phone Number):						

ATTACH ADDITIONAL PAGE TO INCLUDE MORE REMARKS OR DETAILS OF LOSS

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF INSURANCE FRAUD

Reported by: _____ Reported to: _____

Signature: _____ Date: _____

Instructions for filing the claim:

Please email scanned documents and completed claim form to: unitas@hauschco.com
 For claims inquiries, please call 800.461.9224 and press 1 for the Claims Department.