

Lender-Placed Insurance

Claim Form

Agency Information

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

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

Lender Information	
Company Name:	
Company Address:	
Contact Name:	
Contact Email:	Phone: _____
Borrower Name:	
Loan Number:	

Type of Loss:	
<input type="checkbox"/> Fire <input type="checkbox"/> Flood <input type="checkbox"/> Water Damage <input type="checkbox"/> Theft <input type="checkbox"/> Wind <input type="checkbox"/> Hail <input type="checkbox"/> Lightening <input type="checkbox"/> Liability	
Other: _____	Date of Loss: _____

Insured Information:	
Property Address:	
Police/Fire Dept. Loss Was Reported To:	
Description of Loss:	
Estimated Dollar Amount of Loss:	
Date of Last Inspection Report (prior to loss): _____	Date of Last Pictures (prior to loss): _____

Attach the last two inspection reports and the last set of photographs that show area of damage being reported. This should be prior to any damage. *Theft or Vandalism claims will not be paid without inspection reports and current photos attached.

Location of Loss:	
Type of Property:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Occupied <input type="checkbox"/> Vacant
Mortgagee:	
Dwelling Coverage Amount: _____	Deductible: _____

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: claims@unitas360.com
 For claims inquiries, please call 800.461.9224 and press 1 for the Claims Department.