

# 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 #:		Additional Phone #'s:	
Borrower SSN (Last Four Digits):			

Loan & Vehicle Information:					
Loan Number:				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					
Delinquency Date:			Date of Repossession:		
Principal Loan Balance (less refundable fees or insurance):					
Borrower Insurance Information (Last Known):					
Agency Contact (Name & Phone Number):					

<b>ATTACH ADDITIONAL PAGE TO INCLUDE MORE REMARKS OR DETAILS OF LOSS</b> 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
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Reported by: \_\_\_\_\_ Reported to: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Instructions for filing the claim:

Please email scanned documents and completed claim form to: [claims@unitas360.com](mailto:claims@unitas360.com)  
 For claims inquiries, please call 800.461.9224 and press 1 for the Claims Department.