

# 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: \_\_\_\_\_

<b>Lender Information:</b>	
Company Name:	
Company Address:	
Contact Name:	
Contact Email:	Phone:
Borrower Name:	
Loan Number:	

<b>Insured Information:</b>	
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):

<b>Type of Loss:</b>							
<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:						

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

<b>Prior Insured Insurance Information:</b>	
Last Known Date of Insurance:	Policy Number:
Insurance Agency Company Name:	
Insurance Agency Contact Information (name & phone number):	

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.

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