

# Real Estate Investor

## Claim Form

### Agency Information

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

Policy Number: \_\_\_\_\_  
 Policy Effective Date: \_\_\_\_\_  
 Policy Expiration Date: \_\_\_\_\_

Insured or Company Information			
Company Name:			
Company Address:			
Contact Name:			
Contact Email:		Contact Phone Number:	
Tenant Name:		Tenant Phone 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:

Location 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.  
**Note:** Theft or Vandalism claims will not be paid without inspection reports and current photos attached.

Policy Information			
Type of Property:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Occupied <input type="checkbox"/> Vacant		
Mortgagee:			
Dwelling Coverage Amount:		Deductible:	
Claimant Name:		Claimant Address:	
Phone Number:		Email Address:	
Business Owner's Policy / Contractors General Liability Policy Company and policy number:			
Worker's Compensation Insurance Carrier name and policy 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: [claims@unitas360.com](mailto:claims@unitas360.com)  
 For claims inquiries, please call 800.461.9224 and press 1 for the Claims Department.