

TITLE INSURANCE PROOF OF LOSS FORM

Please complete all items to the best of your knowledge and return this form to us within 91 days. We will use the form to determine if your loss is covered under the policy.

NOTE: DELAY IN RETURN OF THIS FORM MAY AFFECT OUR ABILITY TO PROMPTLY PROCESS YOUR CLAIM FOR INFORMATION OR TO SUBMIT A CLAIM, CALL 1-888-944-3684.

Por favor llene todos los epigrafs lomejor que pueda y envienos esta forma dentro de los proximos 91 dias. Nosotros usaremos esta forma al objetode determinar si su perdida estacubierta por la póliza.

NOTA: CUALQUIER DEMORA EN ENVIARNOS CAPACIDAD DE PROCESAR PRONTAMENTE SURECLAMACION. PARA INFORMACION O PARA SOMETER UNAQUEJA, LLAME AL 1-888-944-3684.

1) Name of Insured(s): _____

Address of Insured(s): _____

Telephone Number of Insured(s): _____

2) Your interest in the Property:

OWNER MORTGAGEE OTHER (If other, please explain)

3) Please complete the following to the best of your knowledge or attach a copy of your policy:

a) Date the policy was issued, if known: _____

b) Policy number, if known: _____

c) File or GF number, if known: _____

d) Name of issuing agent, if known: _____

e) Legal description of the property (see deed or title insurance policy): _____

f) Street address of property: _____

Failure to provide enough information for us to identify your policy may result in a delay in processing your claim or denial of your claim.

4) Please describe the problem you believe affects the title to the property: _____

