

**PROPERTY LOSS FORM \* Required Information\***

EQRCP [ <"

Unitas Financial Services 6543 Commerce Parkway, Suite M Dublin, Ohio 43017	COMPANY	POLICY NUMBER
		*
	POLICY EFFECTIVE DATE:	POLICY EXP DATE:
	*	*

UWTGF "HQTO CVIQP "

NAME & ADDRESS *	PERSON TO CONTACT:	*
	CONTACT RESIDENCE PHONE #:	*
	CONTACT CELL/BUSINESS PHONE # :	*
	BORROWER'S NAME :	*
	LOAN PAYOFF AT TIME ON LOSS:	*
	LOAN # :	

NQUU"HQTO CVIQP "" "" "" ""

TYPE OF LOSS\*  FIRE  FLOOD  WATER DAMAGE  THEFT  WIND  HAIL  LIGHTNING

OTHER \_\_\_\_\_

DATE OF LOSS:	*
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LOCATION OF LOSS (address) *	POLICE./FIRE DEPT TO WHICH REPORTED	
	DESCRIPTION OF LOSS	
	PROBABLE \$ OF LOSS: *	

Any Additional Payments Applied to this loss i.e. Credit Life, Disability, Future Payments \*

Date of Last Inspection Report (prior to loss): *	Date of Last Pictures (prior to loss) *
Property Inspection Contact: *	Property Inspection Contact Number: *

For REO properties attach last two inspection reports and last set of photographs prior to damage occurred, that show area of damage being reported. \*Theft or Vandalism claims will not be paid without inspection reports and current photos attached\*

> \*Attach Loan Payment History / Trial Balance\*

TYPE OF LOAN  1<sup>ST</sup>  2<sup>ND</sup>  COMMERCIAL

TYPE OF PROPERTY  COMMERCIAL  RESIDENTIAL  VACANT  OCCUPIED  OTHER

CVVCEJ "CFF KVIQPCN"RCI G"VQ"ENWF G"O QTG"TGOC TMU"QT"FGVC KNU"QH"NQUU"

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: \_\_\_\_\_

Rrgcug"go ckn vq<Claims@Unitas360.com