

Blanket Mortgage Hazard

Claim Form

Agency Information

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

Policy Number: _____
 Policy Effective Date: _____
 Policy Expiration Date: _____

Lender Information			
Company Name:			
Company Address:			
Contact Name:		Email:	
Contact Email:		Phone:	
Borrower Name:		Loan 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:

Insured Information:	
Property Address:	
Police/Fire Dept. Loss Was Reported To:	
Description of Loss:	
Estimated Dollar Amount of Loss:	
Any Additional Payments Applied to this loss i.e. Credit Life, Disability, Future Payments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 the last two inspection reports and last set of photographs prior to damage occurred, that show area of damage being reported.
Note: Theft or Vandalism claims will not be paid without inspection reports and current photos attached

Location of Loss:	
Type of Loan:	<input type="checkbox"/> 1 st Mortgage <input type="checkbox"/> 2 nd Mortgage <input type="checkbox"/> Commercial
Type of Property:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Occupied <input type="checkbox"/> Vacant
Mortgagee:	
Dwelling Coverage Amount:	Deductible:

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:

➤ **Attach Loan Payment History / Trial Balance**

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