

INVESTOR CLAIM FORM

*** Required Information**

COMPANY:

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

INSURED INFORMATION

NAME & ADDRESS *	PERSON TO CONTACT:	*
	CONTACT RESIDENCE PHONE #:	*
	CONTACT CELL/BUSINESS PHONE # :	*
	BORROWER'S NAME :	*
	LOAN # :	

LOSS INFORMATION

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

OTHER _____

DATE OF LOSS:	*
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LOCATION OF LOSS (address)	POLICE./FIRE DEPT TO WHICH REPORTED
*	*
	DESCRIPTION OF LOSS
	*
PROBABLE \$ OF LOSS: *	
Date of Last Inspection Report (prior to loss): *	Date of Last Pictures (prior to loss) *

Attach last two inspection reports and last set of photographs that show area of damage being reported. These should be prior to any damage. *Theft or Vandalism claims will not be paid without inspection reports and current photos attached*

POLICY INFORMATION

TYPE OF PROPERTY COMMERCIAL RESIDENTIAL VACANT OCCUPIED OTHER

MORTGAGEE:*

DWELLING COVERAGE (AMOUNT OF INSURANCE) DEDUCTIBLE

Claimant Name: _____ Claimant Address: _____

Phone: _____ Email: _____

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: _____