

## 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 1-800-729-1902.

Por favor llene todos los epigrafes lo mejor que pueda y envíenos esta forma dentro de los próximos 91 días. Nosotros usaremos esta forma al objeto de determinar si su pérdida está cubierta por la póliza.

NOTA: CUALQUIER DEMORA EN ENVIARNOS ESTA FORMA PUEDE AFECTAR NUESTRA CAPACIDAD DE PROCESAR PRONTAMENTE SU RECLAMACION.

PARA INFORMACION O PARA SOMETER UNA QUEJA, LLAME AL 1-800-729-1902.

1) Name of Insured(s):

Address of Insured(s):

Telephone Number of Insured(s):

2) Your interest in the Property:

\_\_\_\_\_OWNER      \_\_\_\_\_MORTGAGEE      \_\_\_\_\_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 our 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:

