

PROPERTY LOSS FORM * Required Information*

EQRCP [<"

Unitas Financial Services 9145 Miller Road Johnstown, Ohio 43031	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:	*
---------------	---

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 1ST 2ND COMMERCIAL

TYPE OF PROPERTY COMMERCIAL RESIDENTIAL VACANT OCCUPIED OTHER

CVVCEJ "CFF KVIQP CN'RCI G"VQ"R ENWF G'O QTG'TGO CTMU'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