



**GREAT AMERICAN INSURANCE Group**  
**FIS PROPERTY CLAIMS DIVISION**  
 301 East Fourth Street, 20<sup>th</sup> Floor, Cincinnati, OH 45202  
 Claims Phone: (877) 429-3826

Email Address: [claims@unitas360.com](mailto:claims@unitas360.com)

Producer Name: \_\_\_\_\_ Submitted By: \_\_\_\_\_  
 Phone and Email: \_\_\_\_\_ Phone and Email: \_\_\_\_\_

**Named Insured**

Name and Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Coverage**

Policy #: _____	Certificate #: _____
Bank Loan #: _____	Inception Date: _____
	Expiration Date: _____

**Check One of Each Category:**

- 1) Dwelling  or Building  3) Lender Placed  Real Estate Owned  Investor   
 2) Vacant  or Occupied  4) Notice of Insurance attached: Yes  No

**Check Policy Type**

Hazard  Flood Only  Wind Only  Other

**Coverage Amounts**

Dwelling	Other structures	Personal Property	Loss of Use	Deductibles	Other – please describe

**Subject to Forms**

(insert form numbers, Edition dates, special Deductibles)

**Named Insured Interest:** Owner  Property Manager  Receiver/Trustee  Other

**Mortgagee(s) Name:** \_\_\_\_\_

No Mortgagee(s) (please check if none exists on loss location)

**Additional Insured(s) Name:** \_\_\_\_\_

No Additional Insured(s) (please check if none exists on loss location)

**Loss**

**Facts of Loss:** \_\_\_\_\_  
**Date of Loss:** \_\_\_\_\_ **Date of Discovery:** \_\_\_\_\_  
**Damage Description:** \_\_\_\_\_

**Damages Reported By:** \_\_\_\_\_ **Date Reported:** \_\_\_\_\_

**Phone # and E-mail:** \_\_\_\_\_

**Police or Fire Dept to which reported:** \_\_\_\_\_

**Contact Information** (whom to contact for loss description and access)

**Name/Relationship:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Other Insurance**

<b>Carrier Name:</b> _____	<b>Prior</b> <input type="checkbox"/>	<b>Current</b> <input type="checkbox"/>
<b>Effective Dates of Coverage: From _____ To _____</b>		
<b>Policy Number:</b> _____		
<b>Agent Name:</b> _____	<b>Phone #:</b> _____	

**Form was completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Submit all information via email to [claims@unitas360.com](mailto:claims@unitas360.com)