

## TEXAS 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-\_\_\_\_\_.

Por favor llene todos los epigrafs lo mejor que pueda y envienos esta forma dentro de los proximos 91 dias. Nosotros usaremos esta forma al objeto de determinar si su perdida esta cubierta por la poliza.

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

PARA INFORMACION O PARA SOMETER UNA QUEJA, LLAME AL 1-800-\_\_\_\_\_.

1) Name of Insured(s):

Address of Insured(s):

Telephone Number of Insured(s):

2) Your interest in the Property:

\_\_\_\_\_ OWNER          \_\_\_\_\_ MORTGAGEE          \_\_\_\_\_ OTHER (If 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 your 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:

5) Do you have an opinion about the amount of loss or damage caused by the title problems described in Item 4?

\_\_\_\_\_ YES \_\_\_\_\_ NO

a) If yes, what is that amount? \$\_\_\_\_\_. (Please contact us if you need to revise this amount after submitting this form.)

b) How did you determine this amount? (Please attach any documents you have that show how you determined the amount.)

6) Have you been sued or threatened with a lawsuit because of the matter described in Item 4?

\_\_\_\_\_ YES \_\_\_\_\_ NO

a) If yes, how did you learn of the lawsuit or threatened lawsuit?

b) Have you been served with a petition or other legal document in a lawsuit?

\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ DON'T KNOW

If yes, when and how were you served?

Please attach copies of all documents you have relating to the lawsuit, including letters, the citation, the petition, and the complaint. We may need to ask for additional information about your claim. You are required to provide only the information the policy allows us to ask for.

If two or more persons are named in the policy, both may sign the same form:

\_\_\_\_\_  
Signature Date Signature Date

(Not applicable to the Texas Residential Owner Policy)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SWORN AND SUBSCRIBED before me, the undersigned authority, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

\_\_\_\_\_  
Notary Public