

## INFORMATION REGARDING TITLE INSURANCE CLAIM

Please provide any information you have in connection with the problem you describe below.

Your Name: \_\_\_\_\_

Contact Information: Preferred method – please check one:  Email  Postal mail  Telephone

Email Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Property Information:

Address (including City and State): \_\_\_\_\_

Legal description (from Deed, Deed of Trust, Mortgage or Title Policy):  
\_\_\_\_\_

What is your interest in the property?  Owner  Lender  Other – please describe  
\_\_\_\_\_

What are the name and address of the title agent who handled your transaction, if you know?

Agent Name: \_\_\_\_\_

Agent Address (include City and State): \_\_\_\_\_

Please describe the problem you believe affects the title to the property:  
\_\_\_\_\_  
\_\_\_\_\_

Have you been sued or threatened with a lawsuit because of the matter described above?  YES  NO

Have you been served with a petition or other legal document in a lawsuit?  YES  NO

Please tell us anything else you think might help us investigate the matter described above:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have your title insurance policy?  YES  NO

If you have your policy, please provide the Policy Number: \_\_\_\_\_

Please provide a copy of your Policy and any documents you may have in support of this claim.

Please return this completed form – and any attachments to:

Alliant National Title Insurance Company

PO Box 359

Longmont, CO 80502

Attention: Legal Department

Or send via email to: [NPC@alliantnational.com](mailto:NPC@alliantnational.com)