

# KEL TITLE INSURANCE GROUP CLAIM SUBMISSION FORM

## INSTRUCTIONS:

Please complete and print this form, attach supporting documents, and submit your claim by fax or mail to:

Fax: **850-413-3997**

Mail: **Receiver for KELTIG**

**Attention: Claims Section**

**Division of Rehabilitation and Liquidation**

**325 John Knox Road, Atrium Building, Suite 101**

**Tallahassee, FL 32303**

## Claimant Information:

Name	<input type="text"/>	Phone Number	<input type="text"/>
Address	<input type="text"/>	Fax Number	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
		E-mail	<input type="text"/>

## Claim Information:

Property Owner/Borrower:	<input type="text"/>	Policy Number	<input type="text"/>
Address of the Property (Real Estate):	<input type="text"/>		
City	<input type="text"/>	County	<input type="text"/>
		State	<input type="text"/>
		Zip Code	<input type="text"/>
Agent's Name	<input type="text"/>	Agent's Phone	<input type="text"/>

Brief description of claim:

## Supporting Documents:

Copy of Title Insurance Policy

Copy of HUD-1 or Final Settlement Statement

Other supporting documentation

### Attached?

Yes  No

Yes  No

Yes  No