TEXAS TITLE INSURANCE PROOF OF LOSS FORM

retui	n tł	complete all items to the best of your knowledge and his form to us within 91 days. We will use the form to ne if your loss is covered under the policy.	Por favor llene todos los epigrafes lomejor que pueda y envienos esta forma dentro de los proximos 91 dias.				
	EC	DELAY IN RETURN OF THIS FORM MAY T OUR ABILITY TO PROMPTLY PROCESS YOUR	Nosotros usaremos esta forma al objetode determinar si su perdida estacubierta por la póliza NOTA: CUALQUIER DEMORA EN ENVIARNOS CAPACIDAD DE PROCESAR PRONTAMENTE SURECLAMACION. PARA INFORMACION O PARA SOMETER UNAQUEJA, LLAME AL 1-800				
FOR	R IN	FORMATION OR TO SUBMIT A CLAIM, CALL 1-					
	Name of Insured(s): Address of Insured(s): Telephone Number of Insured(s):						
2.	Your interest in the Property: OWNERMORTGAGEEOTHER (If other, please explain)						
	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 yo claim or denial of your claim.						
4.	Please describe the problem you believe affects the title to the property:						

FORM T-40: Texas Title Insurance Proof of Loss Form

5.	Do you have an opinion about the amount of loss or damage caused by the title problems described in Item 4?NO							
	a)	If yes, what is that an submitting this form.		(Please contact us if you need	to revise this amount after			
	b)	How did you determined the amount		ase attach any documents you have that	at show how you			
6.	Ha	Have you been sued or threatened with a lawsuit because of the matter described in Item 4?YESNO						
	a)	If yes, how did you le	earn of the lawsuit or	threatened lawsuit?				
	If y	ves, when and how wer	e you served?					
the	com		o ask for additional in	ting to the lawsuit, including letters, the formation about your claim. You are				
If tv	vo o	or more persons are nan	ned in the policy, both	h may sign the same form:				
		Signature	Date	Signature	Date			
			(Not applicable to the	e Texas Residential Owner Policy)				
STA	ATE	OF						
CO	UN'	ΓY OF						
SW	OR	N AND SUBSCRIBED	before me, the unde	rsigned authority, thisday of _	, 19			
Not	ary	Public						