## NOTICE OF LOSS - CORE SPECIALTY



Please complete as many sections as possible and submit any supporting documentation. Return to <u>claims@suigroup.com</u>

Submitted By:	Company Name:
Phone #:	E-Mail Address:
Insured / Lender:	Policy #:
Loan #:	Certificate Dates – Inception:
Insured Contact:	Expiration:
Phone:	E-Mail Address:
Property Owner / Borrower:	Phone #:
	Alt. Phone #:
Draparty Addragg	
Property Address:	
Contact Name & Title (If other than Borrower):	E Mail Address
Phone #: Lock Box Code:	E-Mail Address:
Charles One of Foods Category (U.S. is now included an all plains only	nincia de la companya
Check One of Each Category: (#5 is required on all claim subr	
1) Dwelling Building	4) 1st Mortgage 2nd Mortgage
2) Vacant Occupied	5) Fannie Mae Freddie Mac Backed Loan?
3) Lender Placed REO	Yes No
Prior Insurance Carrier:	
Policy Number:	
Effective Dates of Coverage: From	То
Phone #:	
Facts of Loss:	
Date of Loss:	Date of Discovery:
Damages:	
Damages Benerted Bu	Data Banartad
Damages Reported By:	Date Reported:

## Please Include the Following With Your Claim:

- Copy of Notice of Insurance
- Copy of Cancellation / Expiration of Prior Insurance
- Name of Any Additional Insureds

