



**ATTORNEYS' TITLE INSURANCE FUND, INC**

6545 Corporate Centre Blvd., Suite 200  
Orlando, FL 32822 | [www.ATIF.com](http://www.ATIF.com)

855.730.4720 toll-free phone & fax

**TITLE INSURANCE CLAIM FORM**

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

**YOUR INFORMATION**

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

What is your preferred method of contact?  Email  Phone  Mail

**PROPERTY INFORMATION**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Legal Description (from Deed, Deed of Trust, Mortgage or Title Policy)

\_\_\_\_\_  
\_\_\_\_\_

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

If you know the name and address of the title agent who handled your transaction. please provide it below.

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

Agent Address: \_\_\_\_\_

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 provide us with any other information you think may help us investigate the matter described above.

\_\_\_\_\_  
\_\_\_\_\_

Do you have your title insurance policy?  Yes  No

If yes, please provide the Policy Number: \_\_\_\_\_

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

\_\_\_\_\_

**TO SUBMIT:** Please email this form along with any other documents to [claims@ATIF.com](mailto:claims@ATIF.com) or fax to 855.730.4720