

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:

Attached?

Copy of Title Insurance Policy

☐ Yes ☐ No

Copy of HUD-1 or Final Settlement Statement

☐ Yes ☐ No

Other supporting documentation

☐ Yes ☐ No