

Name:		
Address:		
City:	State:	Zip:
Phone Number:		
Email:		
Policy Owner (if different from above):		
Insured Property Address:		
Policy Number:		
Details about Claim:		
□Prior Lien		
□ Vesting/Interest		
□ Taxes/Assessments		
□ Lawsuit/Litigation		
□ Unrecorded Document		
□ Access/Easement/Encroachment		
□ Survey Issues		
□ Legal Description		
□ Escrow/Settlement		
□ Fraud/Forgery		
□ Other		

Known Deadlines (pending sale, litigation, etc.):

Brief explanation of matter

Documents to include (if appliable):

- Copy of Policy
- Copy of HUD-1 or Closing Disclosures from Insured Transaction
- Correspondence involving claim
- Survey
- Tax Bills
- Court documents or pleadings
- Any additional relevant information

Please send completed form to DHI Title Insurance Company via email, fax, or mail.

Email: Claims@DHITIC.com

Fax: 866-611-0420

Mail: DHI Title Insurance Company Attn: Claims 10700 Pecan Park Blvd, Suite 125 Austin, Texas 78750

The use of this form is for the sole purpose of submitting a claim request to DHI Title Insurance Company (DHITIC). The submission of this request does not guarantee that your claim will be resolved, but will initiate the claim for review. DHITIC will contact you within ten (10) business days to review the status of your claim. If you have questions regarding your claim, please contact us at: 866-442-1383