



Please complete this form and send any attachments to:

Alliant National Title Insurance Company

PO Box 359

Longmont, CO 80502

Attention: Legal Department

Or you may send via email to: [claims@alliantnational.com](mailto:claims@alliantnational.com)

<b>DATE:</b>		<b>POLICY #:</b>	
<b>INSURED'S CONTACT INFORMATION - Please provide the Insured's contact information below:</b>			
<b>NAME:</b>			
<b>EMAIL ADDRESS:</b>			
<b>MAILING ADDRESS:</b>			
<b>TELEPHONE NUMBER:</b>			
Preferred form of contact – please check one: <input type="checkbox"/> Email <input type="checkbox"/> Postal mail <input type="checkbox"/> Telephone			

<b>If you are NOT the Insured, please indicate your relationship to the Insured, and provide your contact information below:</b>			
<input type="checkbox"/> TITLE AGENT <input type="checkbox"/> INSURED'S ATTORNEY <input type="checkbox"/> SELLER <input type="checkbox"/> REALTOR <input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER			
<b>NAME:</b>			
<b>EMAIL ADDRESS:</b>			
<b>MAILING ADDRESS:</b>			
<b>TELEPHONE NUMBER:</b>			
Preferred form of contact – please check one: <input type="checkbox"/> Email <input type="checkbox"/> Postal mail <input type="checkbox"/> Telephone			

**Please enclose a copy of your Policy. If you do not have a final Policy, please send the Commitment and signed Settlement Statement.**

<b>What is the name of the title company that closed your transaction?</b>	
<b>What is the address for the insured land?</b>	
<b>Briefly describe the issue affecting the title to the insured land in the box below:</b>	

**To help us process your claim, please enclose copies of documents in support of this Notice which may include pertinent correspondence; copies of liens, deeds of trust, or violations at issue; sketches or visual representation depicting the nature of the claim; and relevant instruments in the chain of title.**

<b>Is there a sale or refinance pending?</b> <i>If there is a sale or refinance pending, please enclose a copy of the new title commitment with this Notice.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>If there is a sale pending, what date is the closing set to occur?</b>	
<b>Have you been sued or threatened with a lawsuit because of the matter described above?</b> <i>If you have been served with a petition or other legal document in a lawsuit please enclose a copy of the lawsuit with this Notice.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>If you were served with a Summons, what date were you served?</b>	

This notice is provided to comply with statutory anti-fraud disclosure requirements. It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company, including knowingly presenting a false or fraudulent claim for payment of a loss. Criminal and civil penalties may include imprisonment, fines, denial of insurance, restitution and civil damages.