

Pacific Union Financial, LLC Loss Draft Claim Form

This form needs to be completed and returned with all of the items listed in the procedure letter. The information you provide below will help us better serve you during your loss.

Property Address: _____

Phone Number: _____

E-mail: _____

Preferred Contact Method (phone, e-mail, or mail): _____

Preferred Contact Time (morning, afternoon, evening): _____

Insurance Adjustor's Name: _____

Insurance Adjustor's Phone Number: _____

Please name all persons authorized to speak on claim, not previously listed:

Signature

Date

Signature

Date

Please complete and return to:

Pacific Union Financial, LLC c/o PFIC
Attention: Loss Draft Department
5225 Crooks Road
Troy, MI 48098-2823

If you have any questions, please call us at: (855) 862-4211, Monday through Friday 8:30 a.m. to 5 p.m. EST. We also can be reached by fax at (248) 878-2425 or by e-mail at PacificUnionLD@pfic.com.