CLAIM FORM

Your claim must be submitted online or mailed and postmarked by: **SEPTEMBER 7, 2026**	Unique Insurance Administrator 1650 Arch Street, Suite 2210 Philadelphia, PA 19103 Website: www.SubrogationLetterSettlement.com	**CLAIM UIC**

To submit a claim, please: (1) provide your full name; (2) provide *either* your Unique policy number or your claim number; (3) provide your address; (4) sign and date this form; and (5) mail the completed form to the below address postmarked on or before **SEPTEMBER 7, 2026**, to the following address:

Unique Insurance Administrator
Subrogation Letter Settlement
Attn: Claim Forms
1650 Arch Street, Suite 2210
Philadelphia, PA 19103

First Name **Last Name**

Street Address (Mailing Address) **Apt./Unit No.**

City **State** **Zip**

Notice ID (From Notice Package)

By signing below, I submit this Claim Form.

Signature: _____ Dated:_____

Name (please print): _____

To be considered, this Claim Form must be mailed to the above address postmarked on or before SEPTEMBER 7, 2026.