



CLAIM REPORT
Rental Surety Bond - Residential Lease

Policy No.:

INSURED INFORMATION (Landlord)

Last Name and First Name / Legal Entity:				
ID / Tax ID:				
Address:		No.:	Floor:	Apt.:
City:		State:		
Phone:	E-Mail:			

PRINCIPAL INFORMATION (Tenant)

Last Name and First Name / Legal Entity:				
ID / Tax ID:				
Address:		No.:	Floor:	Apt.:
City:		State:		
Phone:	E-Mail:			

CLAIM DETAILS

Date of occurrence of the first breach:		Date of written demand for payment:	
Type of Breach (mark with X)	Unpaid Rent	Outstanding Amount	\$
	Common Charges / HOA Fees	Outstanding Amount	\$
	Taxes / Utilities	Outstanding Amount	\$
	Property Damage	Outstanding Amount	\$
	Unauthorized Occupancy	Outstanding Amount	\$

Remarks: (include circumstances of the breach, outstanding amounts, and property damage details, if applicable)



Claims Handling Procedure – FNOL Requirements

FNOL Notice Requirements

- The insured (landlord) must notify the insurer within five (5) business days of becoming aware of the tenant’s breach.
- Notice must be sent to: **siniestros@hanseatica.com**, indicating the policy number, the tenant’s name, the property address, and the reason for the claim.

Prior Demand to the Tenant

- Before filing the claim, the insured must have formally demanded payment of the outstanding amounts or the return of the property, granting a period of ten (10) calendar days for the tenant to cure the breach.
- The demand must be made through Certified Mail, Notary Notice, or any method providing proof of receipt.

Note: The claim is triggered once the demand period expires without compliance. From that moment, the filing period begins.

Required Documentation

Together with this claim form, the following documentation must be submitted:

- Complete and signed lease agreement
- Formal written demand for payment with proof of receipt
- Evidence of outstanding amounts (tax notices, HOA statements, utilities, as applicable)
- Move-in/Move-out inspection report (for security deposit purposes)
- Detailed breakdown of the periods owed



HANSEATICA
Insurance Company

**Tailor-made solutions
for evolving companies**

F-30-028 v.00 Vig.13-11-2025

 Av. del Libertador 498, P23
(C1001ABR) CABA, Argentina.  (5411) 5353-2600  info@hanseatica.com  www.hanseatica.com

CUIT: 30-71023374-4 IIBB CM: 901-266162-6

