

# Union Security Insurance Company

## Fax Cover Sheet

Please indicate intended recipient below

Pages   
including cover

### To: (check one)

- New Application Submission Fax: 859-425-5249  
Use ONLY for the original submission of the New Business application packet.
- Follow-up Documentation Requested Attn: \_\_\_\_\_ Fax: 855-447-0391  
Use only when sending additional information/pages for an existing New Business policy submission or if requested by a case manager.
- Underwriting Information Requested Attn: \_\_\_\_\_ Fax: 855-411-9633  
Use after new application submission only if contacted by Underwriting for additional information.

Date: \_\_\_\_\_

From: \_\_\_\_\_ Agent #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I have included the following:

- Application  Transmittal Form  Bank Draft Requirements  All Other Required Forms  Trailing Documentation

Name of Applicant(s):

Policy Number(s):

Comments:

Due to HIPAA privacy of information, faxed responses will not include the name of a policyholder or applicant but, when appropriate, will reference the policy/application tracking number. Information will only be provided if your inquiry pertains to policyholders or applications for which you are either the writing agent or otherwise associated with the policy or application for coverage.

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