

USCS Loss Guard Application

GENERAL

Roof Guard™ Subscriber Status: (New Applicant – Existing Subscriber)

Ref. Source: _____

Date: _____

PROPERTY DETAILS

Name of Property Owner: _____

Address of Property: _____

Primary Homeowner Policy Insurer: _____

Additional Named Insured, if Applicable: _____

Insured Value of Residence: _____

UPLOAD DOCUMENT

Homeowner's Insurance Policy Coverage Summary Page(s)

Email Application To: customersupport@uscs.ltd