

INSTRUCTIONS FOR FILING YOUR GAP CLAIM

Documents you will need to send us to file your gap claim:

1. A copy of the finance agreement.
2. A copy of your Gap certificate / contract.
3. A copy of your vehicle service contract, extended warranty, credit insurance certificate, maintenance contract, etc. (if any).
4. A copy of the cancellation worksheet and refund amount for the vehicle service contract, extended warranty, credit insurance certificate, maintenance contract, etc. (Date of loss and odometer at loss must be used to calculate refund amount. You need to call your dealership to get this completed.)
5. A statement or letter from the lender showing detailed payoff amount of the loan as of the date of your accident or theft.
6. A statement from the lender showing the payment history of your loan.
7. A copy of the insurance company's evaluation of your vehicle or settlement worksheet, including odometer (mileage) at time of accident or theft.
8. A copy of the insurance company's settlement check (or check request from ins. company).
9. A copy of the police report.

Please complete the claim form attached and mail it with the above items to:

CSCI, Inc. Attn Claims
P.O. Box 19340
Kalamazoo, MI 49019

Your Gap coverage should pay off the loan balance *as of the date of your accident or theft* in accordance with the maximum benefit and coverage guidelines contained in the contract. (Refer to your copy of the contract.) This amount would also be less your auto insurance settlement and any refunds due on credit insurance, service contracts, etc., included in your original finance agreement.

Make sure the address where the finance company wants the benefit check to be mailed is included. It will take the administrator up to 30 days to process your claim. Most finance companies require that you continue to make your monthly payment until the loan is paid in full.

Missing information on the claim will cause a delay in processing. It is a good idea to keep copies of the claim documents for your records and follow up with us after you submit the claim.

CSCI

P.O. Box 19340
Kalamazoo, MI 49019
888-640-0387

**GAP CLAIM
REPORTING FORM**

PLEASE ATTACH COPIES OF THE FOLLOWING MATERIALS:

- ___ Original finance contract and all addenda thereto
(ie copy of service contract, credit insurance, etc)
- ___ Payoff amount on vehicle as of date of loss
- ___ Payment history record

- ___ Copy of the Gap contract
- ___ Insurance settlement check
- ___ Insurance settlement worksheet
- ___ Police report

Lender Name: _____

Dealer Name: _____

Borrower Name: _____

Loan Term in Months: _____ Type of Loss: _____

Date of Loss: _____

Loan Account #: _____

Original Loan / Lease Date: _____

FOR OFFICE USE ONLY	Borrower Contract Number:	
Pd date:	Dealer Policy Number:	

Month/Year Premium Reported: _____

Outstanding Loan or Lease Amount at time of loss: \$ _____

Per Diem, if required by Lender:

Total Outstanding Amount: \$ _____

Primary Insurance Net Insurance Settlement: \$ (_____)

Primary Carrier's Deductible \$ _____
(Subtract amount in excess of \$1,000) \$ (_____)

Return Premium from all items that should be canceled:

a) Extended Warranty / Service Contract: \$ (_____)

b) Credit Life & Disability Insurance: \$ (_____)

c) Maintenance Contract: \$ (_____)

Other: \$ (_____)

Delinquent Installment Payments, Late Charges and Fees: \$ (_____)

Unearned Interest: \$ (_____)

AMOUNT OF CLAIM: \$ _____

Completed by: _____ Date: _____ Phone: _____
Please Print

Email Address: _____ Fax: _____

Claim Settlement Payable To: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____