

# INSTRUCTIONS FOR FILING YOUR GAP CLAIM

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

1. A copy of the Gap certificate / contract / GAP waiver addendum.
2. A copy of the finance contract (loan or lease agreement).
3. A copy of the MSRP information on your vehicle (window sticker or the dealer/factory invoice) if the vehicle was "New" at time of purchase, or if the vehicle was purchased "Used", a copy of the Dealer Bookout sheet.
4. A copy of your vehicle service contract, extended warranty, credit insurance certificate, maintenance contract, etc. (if any).
5. Proof of refund amounts 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.
6. A statement or letter from your Lender showing detailed payoff amount of the loan as of the date of your accident or theft.
7. A transaction history from your Lender showing the detailed account history, including principal and interest allocation of your loan payments.
8. A copy of your primary insurance company policy (Declaration page only).
9. A copy of the primary insurance company's settlement worksheet breakdown and actual cash value evaluation, including odometer (mileage) at time of accident or theft.
10. A copy of the primary insurance company's settlement check.
11. 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 Gap payment 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. Please do not send us your social security number, driver's license number, copies of those documents or other personal information.

**CSCI**  
 PO Box 19340  
 Kalamazoo MI 49019  
 888-640-0387

# GAP CLAIM REPORTING FORM

Lender Name: \_\_\_\_\_

Dealer Name: \_\_\_\_\_

Borrower Name: \_\_\_\_\_

Loan Term in Months: \_\_\_\_\_ Type of Loss: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Loan Account #: \_\_\_\_\_

Original Loan / Lease Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	Borrower Contract Number:	
Pd date:	Dealer Policy Number:	

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 \$ \_\_\_\_\_ \$ ( \_\_\_\_\_ )

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

Borrower Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Claim Settlement Payable To: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_