

GAP COVERAGE

Guaranteed Asset Protection Claims Checklist



- Completed GAP claim
- A copy of your original "GAP" addendum/contract
- A copy of the entire original retail installment loan contract
- Documentation of the date of loss
- A copy of the police accident/theft report or your notarized statement that no police report was filed (include reason for loss).
- A copy of your insurance company's settlement statement for this loss, including the settlement statement and worksheet explaining how they calculated the settlement amount, the date of loss, your deductible, and the name and phone number of the insurance adjustor and your claim number
- A statement from your lien holder, showing the "net" pay-off as of the date of the loss. (Before the insurance check was applied). Information must include your account number and the name and address of the lien-holder.
- A payment history from your lien holder*
***Loan payment histories must be requested from your lender. The contract holder should request this information immediately.**
- Documentation indicating cancellation refund amount for your vehicle service contract. **(Contact your selling dealer if purchased)**
- Documentation indicating cancellation refund amount for your credit life and disability contract. **(Contact your selling dealer if purchased)**

We will complete claim processing upon receipt of all the required information.

If you have any questions please contact us at **800-323-5771**, extension **6170**.

Documents can be faxed to: **866-638-8722** or

Mailed to: Protective
Attn: GAP Claims
PO Box 770
Deerfield, IL 60015-0770

GAP COVERAGE
 Guaranteed Asset Protection
 Claim Form



Contract Information	
GAP Addendum/Policy Number: 2	
Term:	
Lease: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Consumer Information	
Consumer Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Residence Phone: _____	Business Phone: _____
Vehicle Information	
Vehicle Make: _____	Vehicle Identification #: _____
Vehicle Year: _____	Vehicle Model: _____
Primary Insurance Company	
Company Name: _____	Policy Number: _____
Phone Number: _____	Claim Number: _____
Fax Number: _____	Deductible: _____
Lien Holder Information	
Name: _____	Phone Number: _____
Account Number: _____	Fax Number: _____
Address for Payment: _____ _____ _____	

Attach copies of all of the following materials:

(Retain originals for your records)

- ▶ Original GAP Addendum/Policy
- ▶ Police report or incident report
- ▶ Installment loan contract
- ▶ Mileage at the time of loss
- ▶ Payoff as of the date of loss, payment history from the lien holder
- ▶ Settlement statement and worksheet from primary insurance company explaining how they calculated the settlement amount or a signed statement that no insurance was in force.
- ▶ Cancellation amount from any cancelable items (credit insurance, service contract, etc.)

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