

Guaranteed Asset Protection Claim Submission Form

Today's Date: _____

Lender Information Credit Union's Name: _____ _____ Contract Number: _____ Prepared By: _____ E-mail: _____ Phone: _____ Fax: _____ Need Claims Support? Call 800.557.8955, Option 1	Borrower and Vehicle Information Borrower's Name: _____ Address: _____ _____ Phone: _____ Account Number: _____ GAP Contract Number: _____ Vehicle: Year _____ Make _____ Model _____ VIN _____
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Requirements for Claim Submission - The following documents must be included with this claim form:*

- Guaranteed Asset Protection Member Contract (Waiver)
- Original Financial Agreement or Lease Agreement
- Primary Insurance Company's Valuation Report and Settlement Breakdown
- Financial Agreement or Invoice of Purchase or Retail Installment Agreement (if claim includes GAP Plus)
- Loan History Summary
- Primary Insurance Company's Total Loss Worksheet
- Copy of Total Loss Settlement Check (if claim includes GAP Plus)
- Security Agreement (if claim includes GAP Plus)

*The circumstances of an individual claim may require us to request more documents in addition to those listed above.

LOAN INFORMATION

Original Loan Date	
Loan Amount on GAP Effective Date	\$
First Payment Due Date	
Payment Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Other: _____
Payment Amount	\$
% Interest Rate	
Daily Periodic Interest Rate	

CLAIM INFORMATION

Date of Loss (Accident Date)	
Loan Balance on Date of Loss (Principal Balance only – Not Payoff Amount, do not add interest)	\$
Date of Last Payment Prior to Date of Loss	
Next Payment Due Date Prior to Date of Loss	
Late Charges/Fees as of the Date of Loss (All late fees, collection fees, NSF, etc.)	\$
Warranty/Service Contract, MRC, Credit Life and Disability Included in Original Loan/Lease Agreement on Loan/Lease Date	\$
Total of All Refunds Received or Due (Warranty/Service Contract, MRC, Credit Life and Disability, etc.)	\$
CPI Added to the Loan If Yes, Date(s) Added and Total CPI Amount(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
CPI Refund Amounts and Refund Date	
Advances Added to the Loan	\$
Total of Any Other Additional Amounts Added to Loan After GAP Contract Date	\$
Total Number of Missed Payments	
Dollar Amount of All Missed Payments	\$
Total Number of Missed/Skipped Payments Authorized by Credit Union (if any)	
Dollar Amount of Missed/Skipped Payments Authorized by Credit Union (if any)	\$

TOTAL LOSS INFORMATION

Total Loss Settlement Check Amount Paid by the Primary Carrier	\$
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GAP PLUS OPTION

Did Borrower Finance a New Loan with Credit Union? If Yes, Replacement Vehicle: Year _____ Make _____ Model _____ VIN _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of New Loan	
New Loan Account Number	

IMPORTANT: SIGNATURE REQUIRED ON NEXT PAGE

FRAUD WARNING FOR ALL STATES EXCEPT THOSE LISTED BELOW: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison, and denial of insurance benefits, depending on state law.

California Residents: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

District of Columbia Residents: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Maryland Residents: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Residents: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Ohio Residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico Residents: Any person who knowingly includes false information in an application for insurance, or presents a fraudulent claim for payment of a loss or benefit, or files more than one claim for the same loss commits a felony. If found guilty such person is subject to fines (\$5,000 to \$10,000) or confinement in prison (2-5 years) or both for each violation.

Completed By: _____ Date: _____

Print Name: _____ Title: _____

Mail or Fax Completed Form With Required Documents To:

Mail:

CUNA Mutual Group Claims Administration
GAP Claims
P.O. Box 669
Waverly, IA 50677-0669

Fax:

800.949.0551

NOTE: Losses can also be filed online by going to cunamutual.com, click on "My Services" and then select GAP Notice of Loss.