

Summit Administrators, Inc.
110 West Rosamond, Houston, TX 77076-3919
1.800.275.3414 • Fax 713.694.0298

GAP CONTRACT CLAIM FORM

TO BE COMPLETED BY YOU

Your Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Residence Phone: _____ Business Phone: _____

Dealer Name: _____ Phone _____
Contact: _____

Primary Insurance Carrier: _____ Claim No: _____
Claim Department Phone: _____ Deductible Amount: _____
Type of Loss: _____ Theft: _____ Collision: _____ Fire: _____ Other: _____
Date of Loss: _____

Lender: _____ Loan No: _____
Address: _____ City: _____ State: _____
Zip Code: _____ Contact: _____ Phone: _____
Fax: _____ Loan: () Lease: () New () Used ()

Vehicle Year, Make, Model: _____
VIN No: _____ Date of Purchase: _____
First Payment Due Date: _____ Number of Scheduled Payments: _____
Original Amount Financed: \$ _____

WARNING: ANY PERSON WHO KNOWINGLY PRESENTS A 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

SIGNATURE: _____ DATE: _____

Please Note: Our coverage will only pay the amount of the scheduled balance as of the date of loss. We are not responsible for any late payments or charges, no matter when they occurred during the loan. Nor are we responsible for payments due after the date of loss or the interest accrued after the date of loss

ATTACH COMPLETE & LEGIBLE COPIES OF THE FOLLOWING ITEMS—ANY ITEMS THAT ARE MISSING WILL DELAY PROCESSING OF YOUR CLAIM

FROM YOU:

- **COPY OF POLICE OR FIRE REPORT**—if there is no police or fire report, please include a statement of what happened and why none was filed. If a police report was done, you must submit a copy of it.
- **COPY OF THE ACTUAL CASH VALUE WORKSHEET AND VALUESCOPE FROM YOUR PRIMARY INSURANCE COMPANY SHOWING HOW THEY ARRIVED AT THEIR PAYMENT**—this report is usually six to fifteen pages. Please make sure that it shows how they arrived at their payment. You may have received a separate settlement letter from them that can be sent in as well.
- **MILEAGE AS OF THE DATE OF PURCHASE and THE DATE OF LOSS**
- **COPY OF BUYERS ORDER** – You should have a copy of this with your installment agreement when you purchased your vehicle.

FROM YOU OR YOUR LENDER OR YOUR DEALER WHERE THE VEHICLE WAS PURCHASED:

- **COPY OF THE LOAN AGREEMENT**—you, your lender and the dealer should all have copies of this.
- **COPY OF THE GAP INSURANCE POLICY FACE SHEET**—again, all of you should have copies of this.

FROM YOUR LENDER:

- **A COMPLETE PAYMENT HISTORY**
- **THE PAYOFF AS OF THE DATE OF LOSS**
- **NAME AND ADDRESS WHERE PAYMENT SHOULD BE SENT**

FROM YOUR DEALER:

- **THE AMOUNTS OF THE REFUNDS ON ANY EXTENDED SERVICE CONTRACTS, CREDIT INSURANCE OR OTHER PRODUCTS WHICH WERE FINANCED**—you must contact your dealer to get these refunded to your lender. They must be applied to your loan before we can make our payment. Check your loan agreement to see if you financed any of these products.

THIS INFORMATION CAN BE FAXED TO US AT 713.694.0298, BUT ONLY IF IT IS LEGIBLE. IF IT IS FAXED MORE THAN ONE TIME, IT WILL NOT BE LEGIBLE. THE LOAN AGREEMENTS THAT ARE SHRUNK FOR IMAGING ARE NOT LEGIBLE. FAX THE FULL SIZE AGREEMENT IN SEVERAL PIECES.