

GAP Waiver Protection

Claim Form

Agency Information

Unitas Financial Services
 6543 Commerce Parkway, Suite M
 Dublin, OH 43017

Date Reported: _____
 Policy Number: _____
 Loan / Lease Number: _____

Lender Information	
Lender Name:	
Claim Filed By (First / Last Name):	
Email:	

Loan & Vehicle Information:			
Borrower Name:		Date of Loan:	
Vehicle ID Number (VIN):			
Vehicle Year:		Make:	
		Model:	

Loan & Vehicle Information:			
Cause of Loss:	<input type="checkbox"/> Collision	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Theft
If Theft, was a police report filed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Police Department:			Deductible:
Phone Number:		Report Number:	
		Date of Loss:	
Primary Insurance Company:			
Contact Name:			Claim Number:

GAP Calculation:		
Current Loan/Lease Balance as of Date of Late Payment:	\$	
Less Unearned Interest or Plus Accrued Interest (whichever is applicable):	\$	
Less Payments Delinquent more than 0 Days:	\$	
Less Late Fees, Finance Charges:	\$	
Less Unearned Insurance Premium & Warranty Fees:	\$	
Equals Estimated Net Payoff:	\$	
Less Amount Paid by Borrower's Primary Insurance:	\$	
Less Amount of Borrower's Primary Deductible:	\$	
Equals Estimated GAP Claim:	\$	

Claims must be submitted within 90 days of receipt of the Primary Carrier settlement or 30 days from date of repossession, whichever is later.

Email Claims:	Information required to process the claim:
<p>1. The quickest way for a claim to be processed is to send them via email.</p> <p>2. Please email scanned documents and completed claim form to: gaic@hauschco.com</p> <p>3. For claims inquiries contact Great American Claims Department at: Phone 866-516-1968; or Email at gaic@hauschco.com.</p> <p>4. If there are any problems with the above contacts, call Unitas at: Phone 800-461-9224 ext. 1</p>	<p><input type="checkbox"/> Copy of Gap Contract.</p> <p><input type="checkbox"/> Copy of Complete Lease/Loan Agreement.</p> <p><input type="checkbox"/> Copy of Dealer Purchase Contract.</p> <p><input type="checkbox"/> Vehicle Mileage at Lease/Loan Inception.</p> <p><input type="checkbox"/> Complete Payment History Record.</p> <p><input type="checkbox"/> Net Payoff Calculations as of Date of Loss.</p> <p><input type="checkbox"/> Refundables (estimated amounts may be used).</p> <p><input type="checkbox"/> Primary Insurance Settlement documentation, including copy of settlement check, vehicle evaluation report and settlement breakdown.</p>

ATTACH ADDITIONAL PAGE TO INCLUDE MORE REMARKS OR DETAILS OF LOSS

ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF INSURANCE FRAUD

Reported by: _____

Reported to: _____

Signature: _____

Date: _____

Instructions for filing the claim:

Please email scanned documents and completed claim form to: claims@unitas360.com

For claims inquiries, please call 800.461.9224 and press 1 for the Claims Department.