

**PLATEAU CASUALTY  
INSURANCE COMPANY**

**Creditors Comprehensive Single Interest Insurance**

**CLAIM FORM – SKIP and CONFISCATION**

Complete All Applicable Information, Attach All Requested Documents and **Email To Address Shown Below**

INSURED (CREDITOR)			REPORT DATE
CLAIM FILED BY AND EMAIL ADDRESS			TITLE
PHONE		FACSIMILE	
LOAN NUMBER	LOAN DATE	DELINQUENCY DATE	
VEHICLE YEAR	MAKE	MODEL	VIN
BORROWER NAME			LOSS TYPE — CHECK ONE BOX ONLY <input type="checkbox"/> SKIP (CONVERSION) <input type="checkbox"/> CONFISCATION
BORROWER LAST KNOWN ADDRESS: <input type="checkbox"/> Own <input type="checkbox"/> Rent			BORROWER HOME PHONE / ADDTL PHONE
BORROWER CITY / STATE			BORROWER SOCIAL SECURITY NUMBER:
BORROWER'S LAST KNOWN EMPLOYER: Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No			BORROWER DRIVERS LICENSE AND STATE:
DESCRIPTION OF LOSS (IF APPLICABLE):			

**Email Claims**

The quickest way for a claim to be processed is to send them via email.

Please email scanned documents and completed claim form to: [Plateau@HauschCo.com](mailto:Plateau@HauschCo.com)

For claims inquiries or any problems, contact the Claims Department at 866-516-1968; or email at [Plateau@HauschCo.com](mailto:Plateau@HauschCo.com)

If there are any issues contact Uitas Financial Services at 800-461-9224 ext. 1; or email at [Claims@unitas360.com](mailto:Claims@unitas360.com)

**ATTACH COPIES OF THE FOLLOWING MATERIALS**

- Complete Payment History (including net payoff, cancelable items and unearned calculation)
- Retail Installment / Security Agreement Transfer of Interest
- Credit Agreement Application
- Collection, Repossession & Skip Tracing Notes
- Recent Credit Bureau Report
- Report of charge-off to Credit Reporting Agency
- Skip Claim Attachment
- Letter of Authorization – Hold Harmless
- Original Vehicle Title with executed Power of Attorney and Transfer of Interest (theft)

**PLATEAU CASUALTY  
INSURANCE COMPANY**

**Creditors Comprehensive Single Interest Insurance  
SKIP CLAIM ATTACHMENT**

INSURED (CREDITOR)		REPORT DATE
CO-BORROWER NAME	SPOUSE NAME (IF NOT CO-BORROWER):	
CO-BORROWER LAST KNOWN ADDRESS	SPOUSE LAST KNOWN ADDRESS:	
CO-BORROWER CITY / STATE	SPOUSE CITY / STATE:	
CO-BORROWER HOME PHONE:	SPOUSE HOME PHONE:	
CO-BORROWER WORK PHONE:	SPOUSE WORK PHONE:	
CO-BORROWER SOCIAL SECURITY NUMBER:	SPOUSE SOCIAL SECURITY NUMBER:	
CO-BORROWER DRIVERS LICENSE:	SPOUSE DRIVERS LICENSE:	
CO-BORROWER EMPLOYER:    CONTACTED: <input type="checkbox"/> Yes <input type="checkbox"/> No	SPOUSE EMPLOYER:                      Contacted: <input type="checkbox"/> YES <input type="checkbox"/> NO	

REFERENCE NAME	RELATIONSHIP	ADDRESS	PHONE	COMMENTS
COMMENTS: (IF ANY INFORMATION UNAVAILABLE, PLEASE PROVIDE A BRIEF EXPLANATION)				

PLEASE PREPARE A TYPED AND SIGNED LETTER DOCUMENTING YOUR EFFORTS TO LOCATE THE BORROWER AND COLLATERAL. LIST ALL CALLS MADE TO FAMILY, FRIENDS, EMPLOYER ETC. INCLUDE COPIES OF COLLECTION LETTERS OR PAST DUE NOTICES THAT HAVE BEEN MAILED OUT. IF THESE HAVE BEEN RETURNED TO YOU AS UNDELIVERABLE, PROVIDE A COPY OF THE ENVELOPE.

NAME OF CREDITOR'S PROFESSIONAL SKIP TRACER : (PLEASE ATTACH ALL SKIP TRACER NOTES)

**PLATEAU CASUALTY  
INSURANCE COMPANY**

**LETTER OF AUTHORIZATION  
HOLD HARMLESS  
AGREEMENT**

Debtor Name: \_\_\_\_\_

Debtor Address: \_\_\_\_\_

Credit Agreement: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Social Security: \_\_\_\_\_

Collateral: \_\_\_\_\_

Vehicle ID: \_\_\_\_\_

To: Plateau Casualty Insurance Company

This shall serve as authority for Plateau Casualty Insurance Company, to act as the creditor's agent to skip trace and repossess on sight the collateral secured by the above referenced credit agreement in default. Creditor warrants that they have the legal right to repossess the collateral and the right to delegate this authority to others.

Creditor agrees to indemnify and hold Plateau Casualty Insurance Company harmless from and against any and all claims, damages, losses and action resulting from or arising out of Plateau Casualty Insurance Company's efforts to collect the above claim, except, however, such as may be caused by or arise out of the negligence or unauthorized acts of Plateau Casualty Insurance Company, its employees or agents or the officer or employees of such agents. Plateau Casualty shall have the authority to delegate any skip tracing or repossession functions to any professional skip tracing vendor(s) of their choice, as an agent of Plateau Casualty, and all protections afforded by this agreement shall extend to such vendor(s).

In witness whereof, we have executed this agreement on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Creditor: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

**FOR INSURANCE COMPANY USE ONLY:**

Plateau Casualty Insurance Company assigns skip tracing and repossession duties and this Agreement to:

\_\_\_\_\_

\_\_\_\_\_ on behalf of Plateau Casualty Insurance Company