



GAP BENEFIT CHECKLIST

Thank you for contacting us concerning your GAP benefit. In order for us to process the benefit, we will need **ALL** the following information and documentation. Please make sure all documentation is legible. **REMEMBER: We cannot** process the benefit until we receive **all** the documentation and this completed form.

Your Information:

Name: _____ Phone #: (____) _____ Date: _____

Address: _____ Email Address: _____

City: _____ State: _____ ZIP: _____

Your Loan Information:

Lender: _____ Account #: _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone #: (____) _____

Length of loan: _____ Months Interest Rate: _____ % Mileage at Loan: _____

WARRANTY/SERVICE CONTRACT REFUND AMOUNT: _____ (contact dealer or lender to cancel and get a verbal refund amount)

CREDIT LIFE AND/OR DISABILITY REFUND: _____ (contact dealer or lender to cancel and get a verbal refund amount)

Documentation required from your lender: (obtain from bank or credit union)

- Copy of your GAP Election Form (form that shows that you purchased GAP waiver)
- Copy of your Finance Contract (shows amount financed, interest rate, loan date, payment amount & due dates)
- Copy of your complete loan history showing all payments from the loan inception date through the date of loss
- Copy of insurance company settlement check/draft (The lender will typically make a photocopy of the check)
- Dealer invoice if vehicle was purchased new

Documentation required from the insurance company: (obtain from claims adjuster)

- Copy of insurance settlement worksheet/evaluation report showing how the insurance carrier arrived at the vehicle value
- Copy of your policy showing amount of your deductible **IF** your insurance company paid the loss
- Copy of police report **IF** a total theft

Insurance Information:

Who paid for the loss? Your insurance company Other party's insurance company No insurance for this loss

Vehicle VIN: _____

Date of Loss: _____

Type of Loss: Auto Accident Theft

Fire Weather Related

Mileage at Loss: _____

Other Explanation: _____

Insurance Company: _____ Policy #: _____

Deductible (if your insurance co. paid): _____ Claim #: _____

Adjuster Name: _____ Phone #: _____

Return this completed form to us with the all required documentation. **Processing of the benefit will require up to 1 week once we receive all the required information and documentation.**

Our Address: 188 Barnwood Drive, Attn: Leigh Edgwood, KY 41017

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