

**Courtesy Insurance Agency
Deficiency Balance (GAP) Insurance**

NOTICE OF LOSS

Insured Lender: _____

Address: _____

Person Handling Claim: _____ Phone: () _____

Borrower: _____

Account Number: _____ Current Balance: _____

Date of Lease/Loan: _____ Original Term in months: _____

Type of Loss: Physical Damage Theft Date of Loss: _____

Primary Carrier: _____

Settlement Amount: _____ Borrower's Deductible: _____

Collateral: _____

YR

MAKE

MODEL

VIN

Please attach the following documentation:

_____ Copy of Security/Lease Agreement _____ Copy of Primary Insurance Settlement Statement

_____ Copy of Primary Ins Dec Page _____ Copy of Primary Insurance Settlement Check

_____ Loan History _____ Account Current showing Payoff Amount

_____ Copy of Police Report (if theft) _____ Copy of Warranty Contract (if applicable)

Form Completed by: _____ Date: _____

CLAIMS ADMINISTRATOR:
Courtesy Insurance Agency
P.O. Box 13130
Oklahoma City, OK 73113-1130
405/755-4571, FAX: 405/752-8986

Loan/Lease Balance Deficiency (Gap) Waiver - Election Form
Guaranteed Auto Protection is not required to obtain credit.

DATE: _____ SELLER/LIENHOLDER: _____

BORROWER/LESSEE NAME: _____

ADDRESS: _____

ACCOUNT/LOAN #: _____ LOAN OFFICER: _____

VEHICLE YEAR/MAKE/MODEL: _____

VEHICLE ID NUMBER: _____

AMOUNT FINANCED/LEASE AMOUNT (excluding Gap fee) \$ _____

LOAN/LEASE TERM _____ Months LOAN/LEASE DATE _____

() Yes, I elect the Gap Waiver.

I understand that this Gap Waiver is not an offer of insurance coverage. I understand that by accepting the Gap Waiver for my loan or lease that my responsibility for any deficiency balance is hereby waived by the Lendor/Lessor and that proceeds from my primary insurance policy or any applicable third party insurance policy will satisfy my deficiency balance, except those terms on the DEBT cancellation agreement.

The one-time cost is \$ _____

Signature: _____ Date: _____

Signature: _____ Date: _____

() No, I do not elect the Gap Waiver.

In the event my vehicle is stolen or a total loss and my insurance company pays less than the amount of my loan/lease, I understand I will be fully responsible for any deficiency balance.

Signature: _____ Date: _____

Signature: _____ Date: _____