



PHONE 800-323-5771 EXT 6170
FAX 866-638-8722

FACSIMILE TRANSMITTAL SHEET

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| TO: | FROM: GAP CLAIMS DEPT. DATE: March 28, 2013 TOTAL NO. OF PAGES INCLUDING COVER: 5 |
| RE: GAP CLAIM CHECKLIST/FORM | GAP CLAIM NUMBER: |

NOTES/COMMENTS:



GAP CHECKLIST

| | | | |
|-------------------------|--|-------------------|--|
| Contract Holder: | | GAP Claim# | |
|-------------------------|--|-------------------|--|

The documents listed below are required to process your GAP claim. It is the contract holder's responsibility to request all documentation and to ensure all documentation faxed/mailed in references the claim number. Toll free and fax numbers can be found on the cover sheet accompanying this checklist.

Required document from Contract Holder:

| | | |
|--------------------------|--|--|
| <input type="checkbox"/> | Police Report | Official police report. If one was not filed, a Statement of Loss form will be provided by Protective – this must be notarized prior to mailing in. |
| <input type="checkbox"/> | Manufacturer's Suggested Retail Price (MSRP) | If vehicle was purchased new, we require the MSRP or copy of the sticker tag. Please contact your Dealer for assistance. |
| <input type="checkbox"/> | After Market Contracts (Vehicle Service Contracts, Theft Protection, LoJack, Etch, Credit Life & Disability, Road Hazard, Maintenance, etc.) | Documentation indicating cancellation refund amounts. If expired or non-cancellable, copy of contracts and a letter stating the terms and conditions. Please contact your Dealer for assistance. |

Required documents from Lien Holder/Bank/Credit Union/Finance Company:

| | | |
|--------------------------|------------------------------------|---|
| <input type="checkbox"/> | Retail Installment Contract (RIC): | The original financing agreement from when the vehicle was purchased. This will also reflect the lien holder's information. |
| <input type="checkbox"/> | GAP Contract: | GAP Addendum/Contract and GAP Benefit form. |
| <input type="checkbox"/> | Net Payoff Statement: | Statement shows net-payoff as of the date of loss – before the insurance check was applied. Document must reference contract holder's account number, name and address. |
| <input type="checkbox"/> | Payment History: | Complete payment history with Principle and Interest breakdown and/or running balance. |

Required documents from Insurance Company:

| | | |
|--------------------------|---|--|
| <input type="checkbox"/> | Copy of Insurance Settlement Check | The check showing the amount of the insurance payout. Can also be displayed on the payment history. |
| <input type="checkbox"/> | Insurance Breakdown with deductible | Insurance company's calculation used to determine the settlement amount, including taxes, fees and deductible. |
| <input type="checkbox"/> | Insurance Valuation Report with mileage or NADA | Comparison analysis with date of loss and mileage or NADA Actual cash value report of vehicle on the date of loss. |



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|-------------------------|--|-------------------|--|
| Contract Holder: | | GAP Claim# | |
|-------------------------|--|-------------------|--|

Guaranteed Asset Protection GAP Benefit Form

| | | |
|---|-----------------------------|------|
| GAP Addendum/Certificate Number: | | |
| Term: | | |
| Lease: Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Consumer Information | | |
| Consumer Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Residence/Cell Phone: | Business Phone: | |
| Email Address: | | |
| Vehicle Information | | |
| Vehicle Make: | Vehicle Identification No.: | |
| Vehicle Year: | Vehicle Model: | |
| Primary Insurance Company | | |
| Company Name: | Policy Number: | |
| Phone Number: | Claim Number: | |
| Fax Number: | Deductible: | |
| Lien Holder Information | | |
| Name: | Phone Number: | |
| Account Number: | Fax Number: | |
| Address for Payment: | | |

Attach copies of all of the following materials: (Retain originals for your records)

- Original GAP Addendum/Certificate
- Police Report, Theft-Incident Report or Notarized Statement of Loss if no police report
- Retail Installment Loan Contract
- Payoff as of the date of loss, Payment History from the lien holder
- Settlement check, Valuation Report, mileage at time of loss and Breakdown with deductible from primary insurance company or a signed statement that no insurance was in force.
- Cancellation amount from any cancelable items (credit insurance, service contract, etc.)
- New Car: MSRP(Manufacturer’s Suggested Retail Price)/Factory Invoice

Questions may be directed to: **800-323-5771**, extension **6170**.

Documents may be faxed to: **866-638-8722**

Documents may be faxed to: gap.claims@protective.com

or Mailed to: **GAP Administration**
 Attn: GAP Benefits
 P.O. Box 770
 Deerfield, IL 60015-0770



NOTICE

Alaska Residents: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona Residents: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California Residents: For your protection, California law requires the following to appear on this form: 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.

Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware Residents: Any person who knowingly, and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia Residents: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii Residents: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss of benefit is a crime punishable by fines or imprisonment, or both.

Idaho Residents: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Indiana Residents: A person who knowingly, and with intent to defraud an insurer, files a statement of claim containing any false, incomplete or misleading information commits a felony.

Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota Residents: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided by R.S.A. 638.20.

New Jersey Residents: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss of benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio Residents: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Residents: WARNING: 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.

Pennsylvania Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.



PRIVACY NOTICE
Lyndon Property Insurance Company / Protective Life Insurance Company
Protective Life and Annuity Insurance Company / Vernon General Insurance Company
2345 Waukegan Road, Suite 210
Bannockburn, IL 60015

Protecting the privacy of information about our customers is important. This notice tells you how we treat information about our customers. We treat information about our former customers the same as we treat information about our current customers. We do not sell information about our customers.

HOW WE COLLECT INFORMATION ABOUT YOU

We get most of the information we need from customer applications and other forms. If a customer authorizes it, we may get information from other sources. For example, when a person applies for life insurance we may ask for permission to get information from

- Insurance support organizations such as the Medical Information Bureau and
- Consumer reporting agencies

We also get information as we process customer transactions. The information we may have includes

Identifying Information such as:

- Name,
- Address,
- Telephone Number,
- Demographic Data;

Financial Information such as:

- Credit History,
- Income,
- Assets,
- Other Insurance Products; and

Health Information such as:

- Medical history and
- Other factors affecting insurability

HOW WE USE THE INFORMATION WE COLLECT

We use the information for business and marketing purposes, such as

- Processing applications, claims, and transactions,
- Servicing your business, and
- Offering you additional products and services

HOW WE SHARE INFORMATION ABOUT YOU

We share information about you with affiliates (including those listed below) and others who provide services to help us process or administer our business. For example, we may share information with others who

- Print our customer statements,
- Help us underwrite life insurance applications,
- Help us process claims, and
- Conduct surveys, analyze information, or help us market our products to you.

We require that companies limit their use of the information we share and keep it confidential. Your information will not be sold to third parties for marketing purposes.

HOW WE PROTECT YOUR PERSONAL INFORMATION

We maintain physical, electronic and procedural safeguards to protect your personal information. Access to customer information is limited to people who need access to it in order to do their jobs.

ADDITIONAL INFORMATION

We will not share information with anyone else unless we have your permission, or we are allowed or required by law to disclose it.

You should know that your insurance sales agent is independent. The use and security of information an agent gets is his or her responsibility. Please contact your agent if you have questions about his or her privacy policy.

We have the right to change our Privacy Policy. If we make a material change to our Privacy Policy, we will notify you before we put it into effect.

QUESTIONS?

If you have questions about our privacy policy, please contact us at

Protective
2345 Waukegan Road, Suite 210
Bannockburn, Illinois 60015
1-800-323-5771

Protective Life Insurance Company
West Coast Life Insurance Company
Protective Life and Annuity Insurance Co.
ProEquities, Inc.
First Protective Insurance Group, Inc

Lyndon Property Insurance Company
Western Diversified Services, Inc.
The Advantage Warranty Corporation
First Protection Corporation
Protective Administrative Services, Inc

Western General Dealer Services, Inc.
First Protection Corporation of Florida
National Warranty of Florida, Inc.
Western General Warranty Corporation
Western General Warranty, Inc.

Lyndon-DFS Administrative Services Inc.
Acceleration National Service Corporation
Warranty Business Services Corporation