



Total Warranty Services
 PO BOX 3948
 West Palm Beach FL 33402
 1-800-870-6856 Opt 2
 gap@totalwarrantyservices.com

GAP BENEFIT REQUEST FORM

Please complete the GAP Benefit Request Form and return to the above address with the items listed on page 2. Please make sure to reference your Guaranteed Asset Protection (GAP) Contract Addendum number, and attach a copy of the GAP Contract Addendum including a back copy and page 2 of the gap addendum.

CUSTOMER INFORMATION	
Customer Name	Phone Number
Customer Address	Email Address
City	State Zip

GENERAL INFORMATION	
Vehicle Identification Number (VIN)	Mileage at time of Purchase: Mileage at time of Loss:
Make	Model Year
Lienholder (Bank/Financial Institution) Name and Address	
Lienholder Phone No.	Loan Account No.

BENEFIT REQUEST INFORMATION	
TYPE OF LOSS (Check One) <input type="checkbox"/> Accident <input type="checkbox"/> Fire <input type="checkbox"/> Flood <input type="checkbox"/> Hurricane <input type="checkbox"/> Theft <input type="checkbox"/> Tornado <input type="checkbox"/> Vandalism <input type="checkbox"/> Other _____	
Date of Loss	Detailed Description of Loss
Primary Insurance Carrier Name and Number	
Primary Insurance Carrier Claim No	Primary Carrier Deductible

Employer	
Occupation:	Employer Name:
Employer Address:	
Employer Phone Number:	
What is the primary use of the vehicle (Personal) (Business) (Commercial)?	Who is the Primary Driver of the Vehicle:
Is this vehicle ever used in the scope of your business or occupation (YES) or (NO)	If so how often? And how is the vehicle used in the course or scope of your business or occupation?

CHECKLIST of items necessary to complete the GAP Waiver Benefit Request:

(Documents are available from the lienholder, dealer, and/or insurance company as indicated below.)

(L – Lienholder, D – Dealer, and I – Insurance)

Retail Installment Contract (L, D)	ACV (Actual Cash Value) Valuation (I)
Auto Payoff <u>Effective as of the Date of Loss</u> (L)	Breakdown of Settlement (I)
Entire Loan Payment History (L)	Copy of Check issued to lender (I)
Refund Amount(s) for Extended Warranty and/or Credit Life/Disability Certificates/Policies(s) (D)	
Police Report (if no police report, NOTARIZED written statement from Customer as to what happened and why no police report filed) (I)	
Copy of Dealer's Invoice or Book Out Sheet (D)	Purchase Order or Buyer's Order (D)

FRAUD WARNINGS/STATEMENTS

Alaska 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 Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island, West Virginia 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 Any person who knowingly presents 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 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.

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

Florida 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.

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

Indiana 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 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.

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 A person who files a claim with intent to defraud or helps commit 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 in RSA 638:20.

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

New Mexico 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 CIVIL FINES AND CRIMINAL PENALTIES."

Ohio, Oregon Any person who with 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 "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 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.

Texas 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.

Tennessee, Maine, Virginia, Washington 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.



Total Warranty Services
PO BOX 3948
West Palm Beach, FL 33402
gap@totalwarrantyservices.com
1-800-870-6856, Opt 2
Fax: 855-718-7628

Authorization and Release for Information

I, _____, residing at _____, hereby authorize any insurance company, dealer, law enforcement agency, fire department, attorney, lienholder/financial institution, and/or any other institutions necessary to release to Total Warranty Services, Inc. (TWS) information regarding my benefit request for a Constructive Total Loss of my vehicle. A copy of the documentation released shall serve and have the same effect as the original.

I hereby authorize my lienholder/financial institution, _____, to speak with TWS regarding my loan account and to furnish account history and/or any other documentation necessary.

I understand that this Authorization and Release for Information (Authorization) shall remain valid for a period of one (1) year from the date this Authorization is signed.

I further acknowledge that efforts by TWS to assist you in the recovery of the necessary documentation is provided solely as courtesy and TWS has no contractual obligation to provide such assistance, and does so voluntarily in good faith attempt to assist you.

Signature Date

Date of Birth

INTERNAL PURPOSES ONLY

Date Rec'd	Customer Name	Benefit Request Number	Date of Loss