

Skip & Confiscation

Claim Form

Agency Information

Unitas Financial Services
 6543 Commerce Parkway, Suite M
 Dublin, OH 43017

Policy Number: _____
 Policy Effective Date: _____
 Policy Expiration Date: _____

Creditor Information			
Report Date:			
Insured Name (Creditor):			
Claim Filed By (First / Last Name):			
Job Title:			
Email:		Phone:	

Borrower Information			
Borrower Name:			
Borrower Last Known Address:			<input type="checkbox"/> Own <input type="checkbox"/> Rent
Borrower City / State:			
Borrower Driver License Number:			
Borrower Phone Number:		Additional Phone Number:	
Borrower SSN (Last Four Digits):			
Borrower Last Known Employer:			

Loan & Vehicle Information					
Loan Number:			Loan Date:		
VIN:			Delinquency Date:		
Vehicle Year:		Make:		Model:	
Loss Type — <i>Check one box only.</i> <input type="checkbox"/> Collision <input type="checkbox"/> Theft <input type="checkbox"/> Vandalism <input type="checkbox"/> Other					
Description of Loss:					

ATTACH ADDITIONAL PAGE TO INCLUDE MORE REMARKS OR DETAILS OF LOSS

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 OF INSURANCE FRAUD

Reported by: _____

Reported to: _____

Signature: _____

Date: _____

Instructions for filing the claim:

Please email scanned documents and completed claim form to: lenderauto@hauschco.com
 For claims inquiries, please call 800.461.9224 and press 1 for the Claims Department.

Skip Form Attachment

Co-Borrower & Spouse Information	
Co-Borrower Name:	
Co-Borrower Last Known Address:	
Co-Borrower City / State:	
Co-Borrower Phone:	
Co-Borrower Work Phone:	
Co-Borrower SSN (Last 4 Digits):	
Co-Borrower Driver License Number:	
Co-Borrower Employer:	

Spouse Name (if not Co-Borrower):	
Spouse Last Known Address:	
Spouse City / State:	
Spouse Primary Phone Number:	
Spouse Work Phone:	
Spouse SSN (Last 4 Digits):	
Spouse Driver License Number:	
Spouse Employer:	

Reference Information	
Reference Name:	
Relationship:	
Address:	
Phone:	
Comments:	

Comments (if any information is 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, employers 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): _____

Letter of Authorization

Hold Harmless Agreement

Co-Borrower & Spouse Information	
Debtor Name:	
Debtor Address:	
Credit Agreement:	
Date of Birth:	
Driver's License:	
SSN (Last 4 Digits):	
Collateral:	
VIN:	

To: Great American Insurance Company, Plateau Casualty Insurance Company, or Arch Insurance Company,

This shall serve as authority for Great American Insurance Company, Plateau Casualty Insurance Company, or Arch 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 Great American Insurance Company, Plateau Casualty Insurance Company or Arch Insurance Company, harmless from and against any and all claims, damages, losses and action resulting from or arising out of Great American Insurance Company, Plateau Casualty Insurance Company or Arch 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 Great American Insurance Company, Plateau Casualty Insurance Company or Arch Insurance Company, its employees or agents or the officer or employees of such agents. Great American, Plateau or Arch 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 Great American, Plateau or Arch and all protections afforded by this agreement shall extend to such vendor(s).

In witness whereof, we have executed this agreement on the _____ day of _____ 20_____.

Creditor to complete:

Creditor Name: _____

Signature of Representative: _____

Title: _____

FOR INSURANCE COMPANY USE ONLY:

Great American Insurance Company, Plateau Casualty Insurance Company, or Arch Insurance Company, assigns skip tracing and repossession duties and this Agreement to:

Signature

on behalf of Great American Insurance Company, Plateau Casualty Insurance Company, or Arch Insurance Company.