

Theft/Total Loss Protection
AFFIDAVIT OF VEHICLE REPLACEMENT
(All Questions Must be Answered)

PLEASE ATTACH PURCHASE ORDER SIGNED BY PURCHASER AND DEALERSHIP

Your (Purchaser) Name: _____ Today's date: _____
PLEASE PRINT FULL NAME

Dealership Name: _____

Authorized Dealer Rep: _____ Phone Number: _____
PLEASE PRINT FULL NAME

Dealership Address: _____

Replacement Vehicle Year, Make & Model: _____

Replacement Vehicle VIN (Vehicle Identification Number): _____

Replacement Vehicle Optional Equipment: _____

Replacement Vehicle Purchase Price: _____ Method of Payment: _____

I the Purchaser hereby swear and/or affirm that I have entered into a purchase or lease agreement with the Dealership referenced above for the replacement vehicle specified on this affidavit. I agree that all monies paid by obligor under the Vehicle Replacement Warranty will be paid directly to the dealership for the purchase of the replacement vehicle. I understand that I must conclude the purchase transaction and take delivery of this vehicle within the timeframe specified in the product agreement. I further understand that my failure to timely purchase the replacement vehicle will relieve the underwriter/administrator/obligor of any payment obligation and/or will obligate me to repay any monies expended by underwriter/administrator/obligor on my behalf.

X _____
Purchaser Signature Date

I the undersigned hereby state that I am authorized by Dealership to sign this affidavit. Dealership agrees that in the event the Purchaser does not conclude this transaction and take delivery of this vehicle, Dealership shall promptly reimburse the underwriter/administrator/obligor for any vehicle replacement payments received for this claim. Dealership further agrees to provide us with a true copy of the vehicle registration within 30 days of the date of replacement vehicle sale.

X _____
Authorized Representative Signature Date

NOTE: ANY PERSON WHO, WITH INTENT TO DEFRAUD, KNOWINGLY SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING ANY FALSE, DECEPTIVE, OR MISLEADING INFORMATION MAY BE GUILTY OF FRAUD AND MAY BE SUBJECT TO CIVIL AND CRIMINAL PENALTIES.

Notarized Vehicle Theft/Fire Affidavit

Important: This form must be completed in detail, notarized and returned to the Company before your claim will be considered. Please use blue or black ink. The use of pencil and/or "White Out" is not permitted.

(All questions must be answered)

PERSONAL

CUSTOMER'S NAME: _____
ADDRESS: _____
PHONE NUMBER: _____ CELL NO: _____ DATE OF BIRTH: _____ AGE _____
SOCIAL SECURITY #: _____
DRIVER'S LICENSE #: _____ STATE: _____
OCCUPATION: _____
EMPLOYER: _____
EMPLOYER ADDR: _____
EMPLOYER PHONE: _____ EMPLOYED HOW LONG? _____
SPOUSE'S NAME: _____ DATE OF BIRTH: _____
NUMBER OF DEPENDENTS + AGES: _____

VEHICLE

NAME OF TITLED OWNER(S): _____ PHONE NUMBER: _____
ADDRESS: _____
DATE OF PURCHASE: _____ NEW OR USED? _____ PURCHASE PRICE: _____
PAYMENT METHOD: _____ FINANCE COMPANY (NAME/ADDRESS): _____
BALANCE DUE: _____ DATE OF LAST PAYMENT: _____
PAST DUE? _____ HOW LONG? _____ IS REPOSSESSION POSSIBLE? _____
PURCHASED FROM (NAME/ADDRESS/PHONE): _____
VIN NUMBER: _____ TITLE NUMBER: _____ STATE: _____
YEAR: _____ MAKE: _____ MODEL: _____ STYLE: _____
COLOR: _____ LICENSE PLATE NUMBER: _____ STATE: _____
SPOUSE'S NAME: _____ DATE OF BIRTH: _____
NUMBER OF KEYS YOU RECEIVED AT TIME OF PURCHASE: _____
IS VEHICLE USUALLY GARAGED/STORED? _____ WHERE (ADDRESS): _____
IS VEHICLE SECURED WHEN GARAGED/STORED? _____ HOW? _____
HAS VEHICLE BEEN UP FOR SALE/TRADE? _____ IF YES, TO WHO (NAME/ADDRESS): _____
WHO PERFORMS ROUTINE MAINTENANCE? _____
ADDRESS & PHONE NO: _____
DATE LAST SERVICED: _____ FOR WHAT? _____
HAS THE VEHICLE BEEN PREVIOUSLY DAMAGED/STOLEN? _____ WHEN? _____
WAS IT REPAIRED? _____ IF YES, BY WHO (NAME/ADDRESS): _____
WHAT REPAIRS WERE MADE? _____

VEHICLE (continues)

INSURANCE COMPANY WHO PAID DAMAGE CLAIM: _____

ADDRESS AND PHONE: _____

SPECIFIC MILEAGE ON YOUR VEHICLE AT THE TIME OF THEFT: _____

LIST ANY MARKS, DENTS, SCRATCHES OR CRACKED GLASS AT THE TIME OF THEFT: _____

EQUIPMENT ON THE VEHICLE AT THE TIME OF THEFT: _____

WHAT IS THE PRIMARY USE OF YOUR VEHICLE? _____ PERSONAL OR _____ BUSINESS/COMMERCIAL
AT THE TIME OF LOSS WERE YOU USING THE VEHICLE FOR YOUR BUSINESS OR OCCUPATION? _____

IF YES, WHAT IS YOUR BUSINESS OR OCCUPATION?: _____

IS THIS VEHICLE EVER USED IN THE SCOPE OF YOUR BUSINESS OR OCCUPATION?: _____

IF YES, HOW IS THIS VEHICLE USED IN THE COURSE OR SCOPE OF YOUR BUSINESS OR OCCUPATION?: _____

HOW OFTEN?: _____ DO YOU CLAIM THIS VEHICLE AS A DEDUCTION ON YOUR
PERSONAL OR BUSINESS INCOME TAX RETURN?: _____

OCCURRENCE

WHO WAS USING THE VEHICLE PRIOR TO THE THEFT (NAME/PHONE)? _____

THEIR DRIVER'S LICENSE #: _____ STATE DL ISSUED: _____

SPECIFIC LOCATION FROM WHICH THE VEHICLE WAS TAKEN: _____

REASON VEHICLE WAS LEFT AT THIS LOCATION: _____

DATE/TIME VEHICLE LEFT AT THIS LOCATION: _____

DATE/TIME VEHICLE WAS LAST OBSERVED: _____

BY WHOM (NAME/ADDRESS/PHONE)? _____

DATE/TIME VEHICLE WAS DISCOVERED MISSING: _____

BY WHOM (NAME/ADDRESS/PHONE)? _____

DATE/TIME THEFT WAS REPORTED TO THE POLICE: _____

BY WHOM (NAME/ADDRESS/PHONE)? _____

POLICE DEPT. NOTIFIED: _____ REPORT NUMBER: _____

NAME/ADDRESS/PHONE OF OTHER PERSON(S) PRESENT WHEN VEHICLE WAS TAKEN: _____

WERE THE VEHICLE DOORS LOCKED? _____ WERE THE KEYS LEFT IN THE VEHICLE? _____

NUMBER OF KEYS YOU CURRENTLY HAVE TO THE VEHICLE: _____ WHO HAS THEM? _____

WAS VEHICLE EQUIPPED WITH AN ALARM OR ANTI-THEFT DEVICE? _____

IF YES, LIST ALARM MANUFACTURER, MAKE, MODEL. _____

WAS ALARM ACTIVATED AT TIME OF THEFT? _____ LIST PERSONAL ITEMS STOLEN. _____

HOW DID THE USER(S) OF THE VEHICLE GET HOME AFTER THE THEFT? _____

DESCRIBE IN DETAIL THE MOVEMENTS OF THE VEHICLE DURING THE 24 HOUR PERIOD BEFORE IT WAS
DISCOVERED MISSING _____

OTHER INFORMATION

HAS VEHICLE BEEN RECOVERED? _____ WHEN? _____ BY WHO (NAME/ADDRESS): _____

EXPLAIN RECOVERY INFORMATION IN DETAIL: _____

CONDITION OF VEHICLE IF RECOVERED: _____

POLICE DEPT, REPORT #, OFFICER: _____

DID THE POLICE MAKE ANY ARRESTS? _____ ARE THERE ANY SUSPECTS? _____

LIST PREVIOUS THEFT LOSSES: _____ WAS VEHICLE COVERED BY INSURANCE?

IF YES, NAME OF COMPANY/POLICY NUMBER: _____

YEAR/MAKE/MODEL/VIN OF STOLEN VEHICLE(S): _____

RECOVERED? _____ WHEN? _____ REPORTED TO THE POLICE? _____

WHICH POLICE DEPARTMENT? _____ REPORT NUMBER: _____

HAS ANY VEHICLE YOU PREVIOUSLY OWNED BEEN REPOSSESSED? _____ IF YES, WHEN? _____

IS THERE ANY INFORMATION YOU WOULD LIKE TO ADD? _____

NOTARY INFORMATION

WARNING:

ANY PERSON WHO, WITH INTENT TO DEFRAUD, KNOWINGLY SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING ANY FALSE, DECEPTIVE, OR MISLEADING INFORMATION IS GUILTY OF FRAUD.

DATE/TIME COMPLETED: _____ BY (PRINT NAME/DATE): _____

SIGNATURE: _____ STATE OF: _____

COUNTY OF: _____

The foregoing instrument was acknowledged before me the _____ day of _____, 20____, by

_____, who is personally known to me or () produced a

_____ as identification and who states he/she is duly authorized to execute said instrument.

Notary public, State of _____ My Commission Expires _____

Signature of Notary _____ Printed Name of Notary _____