



ULTIMATE LOSS INSURANCE
NOTICE OF LOSS

250 East Broad Street, 7th Floor, Columbus Ohio 43215
Phone: (614) 228-2800 Fax: (614) 228-5419 Email: claims@ohioindemnity.com

Lender Name: \_\_\_\_\_ Policy #: \_\_\_\_\_
Branch: \_\_\_\_\_ Contact Person: \_\_\_\_\_
Address: \_\_\_\_\_
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: (\_\_\_\_) \_\_\_\_\_

Loan/Lease #: \_\_\_\_\_ Loan Date: \_\_\_\_\_ [ ] Direct [ ] Dealer: \_\_\_\_\_
Loan Term: \_\_\_\_\_(mos.) Original Principal Amount: \$ \_\_\_\_\_ Net Unpaid Balance: \$ \_\_\_\_\_
Last Unpaid Installment: \_\_\_\_\_ Date of Repossession: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

Borrowers Name: \_\_\_\_\_
Last Known Address: \_\_\_\_\_
Co-Maker/Guarantor: \_\_\_\_\_
Last Known Address: \_\_\_\_\_

Estimate of Damage: \$ \_\_\_\_\_ Description: \_\_\_\_\_
Primary Insurer: \_\_\_\_\_ Date of Termination: \_\_\_\_\_
Present Location of Collateral: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
Address: \_\_\_\_\_
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_

PLEASE NOTE: All claims require a copy of both sides of the promissory note or security agreement , title and payment history. In addition, please note the following special requirements.

- [ ] Physical Damage. If damage is a result of theft or vandalism, please also include a copy of the borrower's police report.
[ ] Skip Coverage. Please include a current credit report, credit application, all collection notes and repossession efforts.
[ ] Non-Filing and Conversion. Please include a factual statement of all repossession and collection efforts.
[ ] Mechanics Lien. Please include a copy of the invoice and lender's payment.
[ ] Other -

Other Information: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

FRAUD NOTICE: It is unlawful to make any materially false or fraudulent statement or representation in connection with an insurance transaction, including, but not limited to any application for coverage or the presentation of any claim. Violation may result in criminal prosecution and/or civil litigation. The above statements are true and correct to the best of my knowledge. No material facts are withheld of which the insurer should be informed.

Printed Name Signature Date