

CUMIS INSURANCE SOCIETY NY GAP CLAIM SUBMISSION WORKSHEET

MEMBER'S CHOICE® GAP Program

Lender Name and State: _____	GAP Waiver/Contract Number: _____
Lender Address: _____	Date Filed: _____
Lender Contract Number: _____	Date of Loss: _____
Customer's Name: _____	Loan/Lease Date: _____
Prepared by: _____	Mileage on Date of Loan: _____
Email Address: _____	VIN #: _____
Phone Number: _____ Fax Number: _____	Vehicle: _____
	Year Make Model

GAP CLAIM CALCULATION

Loan Balance as of Date of Loss ((includes residual value for leases)		\$ _____
MINUS: Total of Delinquent Payments as of Date of Loss (that remain unpaid for more than sixty days after its due date)	-	\$ _____
MINUS: Amounts included in the original lease/loan agreement that Could be recoverable by cancellation. Examples include:	-	\$ _____
<input type="checkbox"/> Service contract/extended warranty premium refund		
<input type="checkbox"/> Credit Life/Disability premium refund		
<input type="checkbox"/> Collateral Protection Insurance Premium		
MINUS: Any loan or late charges	-	\$ _____
MINUS: Any additions/amounts added to the loan after waiver date	-	\$ _____
MINUS: Gross Primary Insurance Settlement (include all deductions)	-	\$ _____
Primary Insurance Settlement/check	\$	_____
Plus: Salvage, Other	+ \$	_____
Plus: Primary Insurance Deductible	+ \$	_____
EQUALS: Gross Primary Insurance Settlement = \$ <u>fill in above and to the right</u>		
EQUALS: GAP CLAIM ESTIMATE* (subject to final claim approval)	\$	_____

* Please note that any unrelated amounts added to the financial agreement balance prior or subsequent to the purchase of the GAP contract are not covered, such as collateral protection insurance premiums, late charges, or future finance charges.

Please include the following documentation when submitting a claim:

1. Copy of GAP Member Contract (waiver)
2. Copy of original financial agreement or lease agreement. (If applicable, include residual value calculations, interest rate/money factor, etc)
3. Copy of loan payment history, including next payment due date.
4. Copy of primary insurance company claim ACV calculation worksheet
5. Copy of primary insurance company settlement check(s)

Mail or Fax Claim Submissions to: **CUMIS Insurance Society, Inc.**
P.O. Box 669
Waverly, IA 50677-0669
Fax Number: (800) 949-0551
Toll-Free Claims Number: (800) 557-8955
Email: CUMIS_Collateral_New_Claims@CUNAMutual.com