



**ULTIMATE LOSS INSURANCE
NOTICE OF LOSS**

250 East Broad Street, 10th 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: _____

Acct. #: _____ Loan Date: _____ Direct Dealer: _____
 Loan Term: _____ (mos.) Original Principal Amount: \$ _____ Net Unpaid Balance: \$ _____
 Last Unpaid Installment: _____ Date of Repossession: _____ Date of Loss: _____

Borrowers Name: _____ SSN: _____ - _____ - _____
 Last Known Address: _____
 Co-Maker/Guarantor: _____ SSN: _____ - _____ - _____
 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 lenders 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