***CLAIM CHECK LIST***

NOTICE OF LOSS / CLAIM FORM

SECURITY AGREEMENT / CONTRACT

COMPLETE PAYMENT HISTORY

POLICE REPORT (IF AVAILABLE, REQUIRED ON CUSTOMER CLAIMS)

INSURANCE (COPY OF POLICY)

REPOSSESSION AFFIDAVIT (FORM COMPLETED FOR REPO TITLE)

COPY OF TITLE OR N.O.S.I.

DATE NEXT PAYMENT DUE      /     /

DATE OF LOSS OR REPOSSESSION      /     /

***SKIP CLAIM CHECK LIST (INCLUDE THE ABOVE DOCUMENTS)***

CURRENT CREDIT BUREAU

LOAN AND/OR CREDIT APPLICATION**\***

RIGHT TO CURE

BLANK HOLD HARMLESS

SKIP TRACING EFFORTS, *DOCUMENTED****\****

OUTSIDE SKIP TRACER’S NAME AND REPORT

PHOTOCOPIES OF ALL CORRESPONDENCE

CO-MAKER, IF APPLICABLE, LOCATION

**\*** must be included in skip claim or claim will be considered incomplete

Documents can be sent via email, mail or fax to:

**R. G. COURTER & CO., INC.**

**P. O. Box 33133 Kansas City, MO 64114**

**Phone: 816-333-0370 Fax: 816-333-3210**

**Bob@rgcourter.com**