**NOTICE OF LOSS**

COLLATERAL PROTECTION INSURANCE

**FINANCIAL INSTITUTION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | | Date: | | |
| Address: |  | |  |  |

Street Address City ST ZIP

|  |  |  |
| --- | --- | --- |
| Form Completed by: | Phone Number: (     ) | |
| Email: | |

**BORROWER AND UNIT**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | | Home Phone: (     ) |
| Address: | | | Zip: |
| Borrower’s Employer: | | | Work Phone: (     ) |
| Vehicle Description: |  |  |  |

Year Make Model VIN#

**TYPE OF LOSS**

Repossession- Non-Repossession- Skip- Theft- Other-

|  |  |  |
| --- | --- | --- |
| Date of Loss:       (Repo Date for Repo Claim, Accident/Loss Date for Non-Repo Claim, Delinquency Date for Skip claim) | | |
| Delinquency Date (Next Due Date): | Outstanding Balance: | |
| Present Location of Vehicle: | | |
| Contact: | | Phone: (     ) |
| Description of Physical Damage: | | |

**INSURANCE INFORMATION**

|  |  |  |
| --- | --- | --- |
| CPI Policy Number: | Effective Date: | Expiration Date: |

Report Claims to:

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

**P. O. Box 33133**

**Kansas City, MO 64114**

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

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