**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**

**Bob@rgcourter.com**