**NOTICE OF LOSS**

Lender’s Comprehensive Single Interest

**FINANCIAL INSTITUTION**

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

 Street Address City ST ZIP

|  |  |
| --- | --- |
| Form Completed by:       | Phone Number: (     )      |
| Email:       | VSI Policy #:       |

**BORROWER AND UNIT**

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

 Year Make Model VIN#

**TYPE OF LOSS**

Physical Damage-[ ]  Confiscation/Skip-[ ]  Instrument Non-Filing-[ ]  Repossessed Vehicle Ins.-[ ]  Theft-[ ]

|  |  |  |
| --- | --- | --- |
| Date of Loan:       | Term of Loan:       months | Monthly Payment:       |
| Date of Accident/Loss (if known):       | Date Repossessed:       |
| Delinquency Date (Next Due Date):       | Outstanding Balance:       |
| Present Location of Vehicle:       |
| Contact:       | Phone: (     )      |

**PRIMARY INSURANCE INFORMATION (at time of loan)**

|  |  |
| --- | --- |
| Insurance Company:       | Policy Number:       |
| Insurance Agency:       | Phone: (     )      |
| Agent Address:       |

**\*\*\*ATTACH A COPY OF ANY PROOF OF INSURANCE YOU HAVE IN YOUR FILE\*\*\***

|  |
| --- |
| Have you ever been notified that the above policy was terminated? No [ ]  Yes [ ]  |
| If No, results of contact with company and/or agent regarding coverage verification:       |

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**