

**MAIL HARD COPY ORIGINALS TO:**

American Risk Services  
11135 Kenwood Road  
Cincinnati, OH 45042  
Attention: GAP Total Loss Claims Department



**AND/OR FAX TO: (877)396-5292**

Attention: Mary Lou,  
Total Loss Claims Adjuster  
Phone: (877)313-7301, Ext.1  
Email: [claims@americanriskservices.com](mailto:claims@americanriskservices.com)

**AFG GAP TOTAL LOSS COVERAGE CLAIM FORM**

<b>REQUIRED DOCUMENTS</b>	<input type="checkbox"/> Financing Contract	<input type="checkbox"/> Primary Carrier Settlement Statement (including an evaluation report with vehicle options and payment breakdown.)
	<input type="checkbox"/> Loan Payment History	<input type="checkbox"/> Refunds for other financed products (i.e. Credit Life, Credit Disability, or other service contracts)
	<input type="checkbox"/> Accident (Police) Report	
	<input type="checkbox"/> Primary Carrier Payoff Check	
	<input type="checkbox"/> AFG Addendum	

<b>LENDER AND BORROWER INFORMATION</b>	
Insured Name: _____	Policy Number: <b>5177929</b>
Insured Address: _____	
Contact Name: _____	Phone No: (_____) _____
Borrower Name: _____	Loan/ Account No: _____
Borrower Address: _____	

<b>COLLATERAL INFORMATION</b>	
Year: _____	Make & Model: _____ VIN#: _____
Mileage: _____	Date of Loss: _____ Residual Value: _____
Location where vehicle can be inspected: _____	
Borrower Primary Insurance Carrier: _____	
Primary Policy No: _____	Primary Phone No: (_____) _____

<b>TOTAL LOSS GAP INFORMATION</b>	
Loan Payoff on DOL: _____	Column #1 Net Pay-Off: _____
Less Payments more than 60 days past due: (_____) _____	Less Primary Ins. Settlement: (_____) _____
Less Unearned – A & H, Credit Life, Credit Disability and CPI fees: (_____) _____	Plus Primary Ins. Deductible up to \$1,000: + _____
Less Unearned Service Contract Fees (_____) _____	GAP Total Loss Pay-Off Calculation: _____
Less Late fees: (_____) _____	
Net Pay-Off: (_____) _____	

Signature: _____	Date: _____
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