



## GAP WAIVER PROCEDURES

To start a new GAP claim, access the Claims Portal by clicking [here](#). Begin by searching for the contract using either: the contract number and last name **OR** the last name and last 6 digits of the VIN number.

Once the contract is located, click the **start a claim button** on the contract details screen. Fill in all the required information and click submit. A request will be sent to the Claims Department and a claim will be opened within 3-5 business days. In the meantime, begin gathering the documents listed below. To track the progress of the claim, sign-up for notifications on the contract detail screen. This will generate an email and/or text message advising of claim activity.

Once the claim is opened, an e-mail will be sent with all the document requirements. At this point, return to the Claims Portal to find the contract again. On the contract details page, **upload pdf and photo files** for all the documents necessary to process the claim. The claims department will review the documents within 7-10 business days and send notification by email of any documents still needed.

## GAP WAIVER LOSS DOCUMENT REQUIREMENTS

Our goal is to process the GAP waiver loss as quickly as possible. In order to do so, copies of **ALL DOCUMENTS LISTED BELOW** must be submitted to our office within the required time referenced on the GAP waiver.

Please note: **It is the sole responsibility of the customer to make sure all documents are received within 90 days of the insurance settlement check issue date.** Once you have submitted the documentation, please allow 7-10 business days for the file to be updated.

### **Required Documents Obtained From the Lender or Original Selling Dealership:**

**1. *Loan/Lease Agreement/ Retail Installment Contract***

This is usually a legal sized document (8½x 14). The loan agreement shows the itemization of the amount financed and terms of the loan/lease.

**2. *Buyers Order/ Vehicle Invoice***

The buyer's order or vehicle invoice will list additional information not provided on the loan, including the mileage at the time of purchase and any additional options in the vehicle.

**3. *Any Additional Contracts Purchased***

**IE: Vehicle Service Contracts, Maintenance contracts, Tire & Wheel, Key programs etc.**

This will include any additional contracts purchased from the dealership with the purchase of the vehicle. This is used to verify which contracts are cancellable and should be sending refunds to the customer.

**4. *Refund amounts for any Vehicle Service Contracts or other cancellable items***

Please cancel any of the following add-on products bought from the dealership with the purchase of the vehicle:

- Vehicle Service Contracts
- Prepaid Maintenance Contracts
- Credit Life Insurance
- Disability Insurance
- Tire/Wheel/Road Hazard policies
- Key Replacement policies
- Theft policies
- Any other programs that may not be listed here

**FOR CUSTOMERS WITH A REFUNDABLE GAP WAIVER - DO NOT CANCEL YOUR GAP POLICY. THIS WILL BE DONE BY THE ADMINISTRATOR WHEN YOUR FILE IS COMPLETE IF YOUR POLICY IS CANCELLABLE.**

After canceling these contracts with the dealership, please have the dealership fax a copy of the refund check or the amount to be refunded on company letterhead to the Claims Department: 813-855-8325.

**5. *GAP Waiver***

This is your AUL GAP waiver. Please include a copy of the front and back of your GAP Waiver.

## Required Documents Obtained From the Lender:

### 6. *Detailed Payment History*

This is a detailed summary of all payments made to the assignee. The payment history is mandatory even if **NO** payments were scheduled to be made before the date of loss.

## Required Documents Obtained From the Insurance Company:

### 7. *Police Report/ Fire Report*

If a police report was filed, this is mandatory. If a police report is not obtainable, please provide a written statement along with verification of the type of loss from the insurer. Also include the fire report/ recovery if applicable.

### 8. *Insurance Settlement Check*

Please obtain a photocopy or computer screen printout from the insurance company. The check can also be listed on the detailed payment history. **PLEASE MAKE SURE YOUR SETTLEMENT OFFER FROM THE INSURANCE COMPANY IS A FAIR MARKET VALUE FOR A REPLACEMENT VEHICLE. IF YOU ARE UNSURE OF THE VALUE OF YOUR VEHICLE PRIOR TO THE TOTAL LOSS, PLEASE CONTACT OUR CLAIMS DEPARTMENT. WE WILL BE HAPPY TO ASSIST YOU WITH THIS INFORMATION.**

### 9. *Vehicle Valuation Report*

This is normally an Autosource Valuation containing summary details of the loss vehicle, comparisons, and estimates. NADA and Kelly Blue Book are also used.

### 10. *Settlement Breakdown*

This is a breakdown of the settlement check. It will list ACV, taxes, deductible, prior damage, salvage, and any other fees determining the settlement value.

### 11. *Insurance Declarations Page*

This is a copy of the insurance policy active as of the date of loss. It details the vehicle and coverage afforded on the policy. This is not needed if the responsible insurance company is a 3<sup>rd</sup> party.

**\*\*\*Please note: If you did not have any insurance at the time of loss you will be required to supply an appraisal to determine the vehicle's value and all documents are required to be received within 90 days of the loss date.**

***\* Due to size restraints, we cannot accept attachments over 10MB. Please submit documents accordingly.***

The Claims Department is open Monday-Friday 9am to 5pm EST.



**IF YOU DRIVE IN EXCESS OF 3,500 MILES PER MONTH, IN ORDER TO PROCESS YOUR CLAIM, PLEASE COMPLETE THIS FORM**

CUSTOMER NAME:  
LAST SIX OF VIN #:

- ☐ I hereby confirm that this vehicle has not been used for any commercial or business purposes **(Including working part time for any ride-sharing company such as Uber, Lyft, Curb, Grab or any other ride sharing company)** and any miles added to the vehicle were strictly for personal use.

Name \_\_\_\_\_ Date \_\_\_\_\_

- ☐ I hereby confirm that this vehicle has been used for commercial or business purposes as detailed below:

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# Miles of commercial or business purposes \_\_\_\_\_  
# Miles for personal use \_\_\_\_\_

Please write a detailed explanation for accounting of the high mileage.

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Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work address: \_\_\_\_\_  
# Miles driven to and from work daily \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_