



# RV GAP CLAIM FORM

To initiate a claim on your covered vehicle, we ask that you please complete the following information to help efficiently process your claim. In addition to the information below, please be certain to forward all required documentation noted on the back of your GAP claim contract. For your convenience, we have included a list of all the required documents and how to obtain them on the reverse side of this Claim Form.

Last Name, First Name *required* \_\_\_\_\_ Date of Total Loss \_\_\_\_\_

Current Mailing Address *required* \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Year/Make/Model *required* \_\_\_\_\_ Model Type: (e.g., LS, SLT, XE, SLE, etc.) \_\_\_\_\_

VIN (Vehicle Identification Number) *required* \_\_\_\_\_

### FINANCE/LEASING COMPANY

Company Name \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

### PRIMARY INSURANCE CARRIER

Company Name \_\_\_\_\_ Adjuster Name \_\_\_\_\_ Phone \_\_\_\_\_

**Please fill out the following Options and Information. Please do not include any items added to your vehicle after the time of purchase. IMPORTANT: including items not on your vehicle, or that were added after the time of purchase may reduce your final claim amount.**

### Air Conditioning and Heating

- 11,000 BTU
- 13,500 BTU *(Central/Ducted)*
- 15,000 BTU *(Central/Ducted)*
- 13,500 BTU *(Non-Central/Non-Ducted)*
- 15,000 BTU *(Non-Central/Non-Ducted)*
- 7,000 BTU
- Furnace *(10,000-12,000 BTU)*
- Furnace *(21,000-28,000 BTU)*
- Furnace *(13,000-17,000 BTU)*
- Furnace *(30,000-35,000 BTU)*
- 15,000 IPO 13,500
- Aqua Hot Heating System

### Appliances

- Washing Machine
- Water Heater *(10 Gallon Gas/Elec.)*
- Water Heater *(10 Gallon Gas/Elec. w/DSI)*
- Water Heater *(6 Gallon Gas/Elec.)*
- Water Heater *(6 Gallon Gas/Elec. w/DSI)*
- Central Vacuum Cleaner
- Dishwasher
- Dryer
- Garbage Disposal
- Gas Grill Cook Top
- Ice Maker *(Stand-Alone Unit)*
- Microwave Oven
- Microwave/Convection Combo
- Microwave/Hood Combo
- Refrigerator *(4-door w/ice maker)*
- Refrigerator *(side-by-side)*
- Washer/Dryer Combo

### Engine and Suspension Systems

- Air-Assisted Suspension
- Vehicle Purchased NEW
- Mileage/Odometer at Date of Purchase: \_\_\_\_\_
- Exhaust Brake
- Vehicle Purchased USED
- Steering Stabilizer

Continued on Page 2





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Last Name, First Name *required*

Last 7 Characters of VIN *required*

### Entertainment

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> AM/FM Cassette Stereo       | <input type="checkbox"/> Satellite System — In Motion    | <input type="checkbox"/> TV 13" Color  |
| <input type="checkbox"/> AM/FM/CD Stereo             | <input type="checkbox"/> Satellite System w/Manual Point | <input type="checkbox"/> TV 19" Color  |
| <input type="checkbox"/> CD Player <i>(Multiple)</i> | <input type="checkbox"/> Satellite System w/Auto Seek    | <input type="checkbox"/> TV 27" Color  |
| <input type="checkbox"/> DVD Player                  | <input type="checkbox"/> TV Antenna w/Booster            | <input type="checkbox"/> TV 42" Plasma |
| <input type="checkbox"/> VCR/VCP                     | <input type="checkbox"/> TV 10" Color                    |  |

### Jacks And Leveling Systems

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Air Leveling System                     | <input type="checkbox"/> Hydraulic Leveling System <i>(Manual)</i> | <input type="checkbox"/> Scissor Stabilizer Jacks <i>(Each)</i>    |
| <input type="checkbox"/> Hydraulic Leveling System <i>(Auto)</i> | <input type="checkbox"/> Hydraulic/Air Dual Leveling System        | <input type="checkbox"/> Crank Down Stabilizer Jacks <i>(Each)</i> |

### Miscellaneous Optional Equipment

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 6-Way Power Seat <i>(Each)</i>        | <input type="checkbox"/> Driver Side Door w/Power Window       | <input type="checkbox"/> Power Slide-Out Room 14' <i>(Each)</i> |
| <input type="checkbox"/> 8-Way Power Seat <i>(Each)</i>        | <input type="checkbox"/> Electric Step <i>(Single)</i>         | <input type="checkbox"/> Power Slide-Out Room 16' <i>(Each)</i> |
| <input type="checkbox"/> Aluminum RV Wheels <i>(Set of 4)</i>  | <input type="checkbox"/> Electric Step <i>(Double)</i>         | <input type="checkbox"/> Rear Vision Camera/Monitor             |
| <input type="checkbox"/> Auxiliary Battery <i>(Each)</i>       | <input type="checkbox"/> Fiberglass Exterior 30' And Under     | <input type="checkbox"/> Safe                                   |
| <input type="checkbox"/> Awning — Electric <i>(Each)</i>       | <input type="checkbox"/> Fiberglass Exterior 31' and Over      | <input type="checkbox"/> Security System <i>(Basic)</i>         |
| <input type="checkbox"/> Awning 10'– 12' <i>(Each)</i>         | <input type="checkbox"/> GPS Navigation System                 | <input type="checkbox"/> Security System <i>(Deluxe)</i>        |
| <input type="checkbox"/> Awning 13'– 14' <i>(Each)</i>         | <input type="checkbox"/> Inverter <i>(600 Watt)</i>            | <input type="checkbox"/> Shower Enclosure <i>(Glass)</i>        |
| <input type="checkbox"/> Awning 15'– 16' <i>(Each)</i>         | <input type="checkbox"/> Inverter <i>(1,000 Watt)</i>          | <input type="checkbox"/> Skylight                               |
| <input type="checkbox"/> Awning 17'– 19' <i>(Each)</i>         | <input type="checkbox"/> Inverter <i>(2,000 Watt)</i>          | <input type="checkbox"/> Slide-Out Tray — One Side              |
| <input type="checkbox"/> Awning 20'– 22' <i>(Each)</i>         | <input type="checkbox"/> LPG Gas/Smoke Detector                | <input type="checkbox"/> Slide-Out Tray — Full Through          |
| <input type="checkbox"/> Awning 23'– 24' <i>(Each)</i>         | <input type="checkbox"/> Luggage Rack and Ladder               | <input type="checkbox"/> Solar Battery Charger                  |
| <input type="checkbox"/> Awning 25' <i>(Each)</i>              | <input type="checkbox"/> Mirrors <i>(Power w/Defrost)</i>      | <input type="checkbox"/> Solar Panel <i>(Each)</i>              |
| <input type="checkbox"/> Awning for Slide-Out <i>(Bedroom)</i> | <input type="checkbox"/> Outside Shower                        | <input type="checkbox"/> Spare Tire and Carrier                 |
| <input type="checkbox"/> Awning for Slide-Out <i>(Coach)</i>   | <input type="checkbox"/> Power Cord Reel                       | <input type="checkbox"/> Spot Light <i>(Remote)</i>             |
| <input type="checkbox"/> CB Radio                              | <input type="checkbox"/> Power Roof Vent                       | <input type="checkbox"/> Storm Windows <i>(All)</i>             |
| <input type="checkbox"/> Cabinetry Upgrade <i>(Luxury)</i>     | <input type="checkbox"/> Power Roof Vent w/Rain Sensor         | <input type="checkbox"/> Tile Upgrade <i>(Bathroom/Kitchen)</i> |
| <input type="checkbox"/> Ceiling Fan                           | <input type="checkbox"/> Power Slide-Out Bedroom <i>(Each)</i> | <input type="checkbox"/> Tilt Wheel                             |
| <input type="checkbox"/> Cruise Control                        | <input type="checkbox"/> Power Slide-Out Room 6' <i>(Each)</i> | <input type="checkbox"/> Trailer Hitch                          |
| <input type="checkbox"/> Driver Side Door                      | <input type="checkbox"/> Power Slide-Out Room 8' <i>(Each)</i> |   |

### Generators

- |                                       |                                   |  |
|---------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> 2 – 3 KW Gas | <input type="checkbox"/> 5 KW Gas | <input type="checkbox"/> 6 – 8 KW Diesel |
| <input type="checkbox"/> 4 KW Gas     | <input type="checkbox"/> 6 KW Gas | <input type="checkbox"/> 7 – 8 KW Gas    |

Other *(please list any specialty packages or options not listed above):*

Customer Signature

Date

**Please include this form with your required claims documentations, as noted in the Claim Submittal Instructions. For questions or further assistance, please contact the Claims Department at 877-882-7481.**



# RV GAP CLAIM FORM

**PLEASE FORWARD THE FOLLOWING DOCUMENTATION TO ADMINISTRATOR IN ORDER TO PROCESS YOUR CLAIM. ANY ONE DOCUMENT WILL START A CLAIM.**

DOCUMENT	DESCRIPTION	OBTAIN FROM
Insurance Company Settlement Check	Photocopy or draft copy of the Insurance Company check(s).	Insurance Company
Insurance Company Settlement Statement	On Insurance Company letterhead with Adjuster name and telephone number. Includes date of loss, cause of loss, miles at date of loss, Actual Cash Value, applicable taxes and tag fees, deductible amount and final settlement figure.	Insurance Company
Insurance Company Settlement Evaluation	Full Insurance Evaluation Report showing how the insurance company determined the Actual Cash Value of the vehicle. Must include any options on the vehicle and mileage at the date of loss.	Insurance Company
Complete Payment History Record and Payoff Statement	History of all transactions occurring since inception of loan. Includes payoff as well as a statement from the lienholder showing detailed payoff with per diem interest.	Lender
Police Report	Full, official Police Report or letter from insurance company stating the reason a police report was not filed.	Police Department or Insurance Company
GAP Contract	Photocopy of GAP Loan/Lease Deficiency Waiver Addendum (front and back).	Dealership or Lender
Loan/Lease Finance Agreement	Photocopy of front of Loan Contract or Lease Agreement. Includes mileage at date of purchase.	Dealership or Lender
Buyer's Order/Purchase Order	Photocopy of front of Buyer's Order/Purchase Order (not applicable in CA).	Dealership
MSRP (new vehicles only)	Manufacturer's suggested retail price located on the window sticker and the invoice.	Dealership
Completed Claim Form	GAP Protection Claim Form	Administrator
Proof of Refund Amount or Expiration of any Cancelable Items	If a Refund: Copy of the Contract and check copy or statement of dollar amount of refund on dealer letterhead. If Expired: Copy of Contract and substantiation of vehicle mileage (mileage expiration).	Dealership

Please note, under Claim Requirements on the reverse side of the GAP Deficiency Waiver Addendum: Your claim is time sensitive. Please refer to your contract regarding the time required to submit your claim documents. Failure to provide the documentation within the specified timeframe may VOID the protection.

**Please send all documentation to:**

**Mailing Address:**  
 Administrator  
 Attn: GAP Claim Department  
 3500 Piedmont Rd, Suite 400  
 Atlanta, GA 30305  
 877-882-7481

**Fax Number:**  
 678-894-3591

**Email Address:**  
 gaprvclaims@inds.com

**For questions or further assistance, please contact the Claims Department at 877-882-7481.**