



**ULTIMATE LOSS INSURANCE
NOTICE OF LOSS**

250 East Broad Street, 7th Floor, Columbus Ohio 43215
Phone: (614) 228-2800 Fax: (614) 228-5419 Email: claims@ohioindemnity.com

Lender Name: _____		Policy #: _____
Branch: _____	Contact Person: _____	
Address: _____		
Phone: _____	Fax: _____	E-mail: _____

Loan/Lease #: _____	Loan Date: _____	<input type="checkbox"/> Direct	<input type="checkbox"/> Dealer: _____
Loan Term: _____ (mos.)		Original Principal Amount: \$ _____	Net Unpaid Balance: \$ _____
Last Unpaid Installment: _____		Date of Repossession: _____	Date of Loss: _____

Borrowers Name: _____	
Last Known Address: _____	
Co-Maker/Guarantor: _____	
Last Known Address: _____	

Estimate of Damage: \$ _____	Description: _____
Primary Insurer: _____	Date of Termination: _____
Present Location of Collateral: _____	Phone: _____
Address: _____	
Year: _____	Make: _____
Model: _____	VIN: _____

PLEASE NOTE: All claims require a copy of both sides of the promissory note or security agreement, title and payment history. In addition, please note the following special requirements.

- ☐ **Physical Damage.** If damage is a result of theft or vandalism, please also include a copy of the borrower's police report.
- ☐ **Skip Coverage.** Please include a current credit report, credit application, all collection notes and repossession efforts.
- ☐ **Non-Filing and Conversion.** Please include a factual statement of all repossession and collection efforts.
- ☐ **Mechanics Lien.** Please include a copy of the invoice and lender's payment.
- ☐ **Other –**

Other Information: _____

FRAUD NOTICE: It is unlawful to make any materially false or fraudulent statement or representation in connection with an insurance transaction, including, but not limited to any application for coverage or the presentation of any claim. Violation may result in criminal prosecution and/or civil litigation. The above statements are true and correct to the best of my knowledge. No material facts are withheld of which the insurer should be informed.

Printed Name

Signature

Date