

Confiscation or Skip Loss Notice

Please Send the Following Information with this Report of Loss:

Loan Instrument – Payment History – Payoff Information – Copy of Title – Accident /Theft Report – Detailed log of all collection and repossession efforts (Blanket Claims Only)

Lender: _____ Policy # _____
 Address: _____ Borrower: _____
 City, State, Zip: _____ Loan: _____
 Phone/Fax: _____ Last Address: _____
 Contact/E-mail: _____ City, State, Zip: _____
 Phone: _____

Co-Borrower/Co -Signer: _____
(circle one)
 Address: _____

City, State, Zip: _____ Phone: _____

1. On the ___ day of _____, 200 , Insured made a loan to Borrower, or purchased an instrument, which indebted Borrower in the amount of \$ _____, to be paid in _____ monthly installments of \$ _____ each, secured by note and (I) Bill of Sale to secure debt; (II) Conditional Sales Contract on a _____ (collateral) owned by Borrower.
Vin # _____
2. Said instrument was received from _____ (Dealer) and was purchased with _____ recourse.
3. Said instrument was filed or recorded at the office of _____
4. On the ___ day of _____, 200 , Insured determined that a Non-Filing [], Confiscation or Skip [] occurred by virtue of _____
5. On the ___ day of _____, 200 , written notice was given to the Company or its Agent at _____
6. Insured has made the following efforts to locate Borrower or the collateral and collect the balance due under the loan: _____

Last known address: _____

Results of outside investigation: _____

Last known employer **(include address)**: _____

Results of investigation: _____

Neighbors: (list two)

Name and address: _____

Results: _____

Name and address: _____

Results: _____

Personal Reference (name and address): _____

Results: _____

Landlord/Mortgagee: _____

Results: _____

Relatives:

Name and address: _____

Results: _____

Name and address: _____

Results: _____

Names and ages of all known children of school age:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Date of our last Credit Bureau check: _____ Findings: (please attach copy)

Has Credit Bureau been notified Borrower is a skip? _____

Independent adjuster assigned: _____

Findings (**attach any report**): _____

7. The collateral is now located: _____

In the possession of: _____

8. _____ Installments of \$ _____ each were paid, making total paid on loan \$ _____

(a) Unpaid Balance \$ _____

(b) Expenses authorized by Company \$ _____

Subtotal \$ _____

(c) Less deductions:

Unearned interest at time of loss \$ _____

Other unearned charges at time of loss \$ _____

Subtotal \$ _____

(d) Net loss to Insured \$ _____

(a) Itemization of authorized expenses incurred: _____

9. Insured has investigated the financial status of Borrower, and verily believes that the Borrower does not have sufficient assets to satisfy a judgment, which may be rendered against Borrower in any suit to recover the balance of the loan.

Present address of the Borrower: _____

10. The actual cash value of collateral at time of loss: \$ _____

11. The total amount claimed under said policy for said loss: \$ _____

The Insured hereby subrogates the said Company to all rights and remedies of the Insured in respect to said loss and, upon receipt of loss payment, will assign said instrument to the Company.

In the event the Borrower offers any payment to the Insured, or if the location of the Borrower or collateral is not now known but becomes known, the Insured will immediately notify the Company in writing and the Insured agrees to refrain from accepting or making any partial or full settlement with the Borrower without authorization from the Company.

The Insured has no other similar instrument or indemnity applicable to this loss. Loss did not result from forgery, directly or indirectly, or from any dishonest, fraudulent, or criminal act of any officer or employee of the Insured, and is not due to any loan made to a customer of the insured under a field warehousing or floor plan type of financing.

The furnishing of this blank or the preparation of proofs by a representative of the above Insurance Company is not a waiver of any of its rights.

Insured Institution Name: _____

State of _____ by _____

County of _____ Title _____

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***ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF INSURANCE FRAUD**