



**AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY  
ADMINISTERED BY AMERICAN NATIONAL INSURANCE COMPANY**

**CREDIT INSURANCE CLAIMS DEPARTMENT  
P.O. BOX 4328, SPRINGFIELD, MO 65808-4328  
PHONE NUMBER: 800-899-6502  
FAX NUMBER: 409-766-2912**

**E-MAIL: [CIDCLAIMSDEPT@AMERICANNATIONAL.COM](mailto:CIDCLAIMSDEPT@AMERICANNATIONAL.COM)**

**CLAIM FORM INSTRUCTIONS  
Vendor's Single Interest (VSI)  
Lenders Single Interest Insurance (LSI)  
Collateral Protection Insurance (CPI)**

Enclosed is the form required to process a claim for VSI, LSI, or CPI benefits. Please use the appropriate check list below which will assist you in providing all the documentation required to process the claim.

**VSI/LSI Checklist for items to include with the completed claim form:**

- Copy of Insurance Policy/Certificate
- Security Agreement, Note & Disclosure Statement
- Complete Payment History or Ledger Card
- Loan Payoff as of Date of Loss or as of Date of Submission, if Date of Loss is not known
- Police or Fire Report, if applicable
- Repossession Affidavit, Repossession Documentation, or Voluntary Surrender letter
- Estimate of Damage
- Photos of Damage
- Salvage Quote

**CPI Checklist for items to be included with the completed claim form:**

- Copy of Insurance Policy/Certificate
- Security Agreement, Note & Disclosure Statement
- Complete Payment History or Ledger Card
- Loan Payoff as of Date of Loss or as of Date of Submission, if Date of Loss is not known
- Police Report, Fire Report, or Cause of Loss Letter
- Repossession Affidavit, Repossession Documentation, or Voluntary Surrender letter
- Proof of Lapse in Primary Insurance
- Estimate of Damage, if available
- Photos of Damage, if available
- Salvage Quote, if available
- Copy of the Title

Additional information may be requested by the claim examiner dependent on the type of claim and circumstances of the claim. If any of the above documents are not included with the claim there may be a delay in processing the claim for payment. Your cooperation in this matter will help speed the claim handling. Please mail your completed form and attachments to the address below. FAXES and e-mails are accepted; however, originals may be required at any time.

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If you have any additional questions, we can be reached at **1-800-899-6502**. Our business hours are from 8:00 a.m. to 4:30 p.m., Central Standard Time.



**AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY**

**CREDIT INSURANCE CLAIMS DEPARTMENT**  
P.O. BOX 4328, SPRINGFIELD, MO 65808-4325  
PHONE: 800-899-6502 FAX: 409-766-2912  
E-MAIL: CIDCLAIMSDEPT@AMERICANNATIONAL.COM

**VSI/LSI/CPI CLAIM FORM**

\_\_\_\_\_  
Certificate/Policy No.

<b>EFFECTIVE DATE</b>	<b>TERMINATION DATE</b>	<b>LOAN NUMBER</b>
<b>LIMIT OF LIABILITY</b>	<b>PREMIUM CHARGED</b>	<b>REMAINING BALANCE</b>
<b>INSURED LENDER</b>	<b>ADDRESS (CITY, STATE, ZIP)</b>	<b>PHONE NUMBER</b>

Name of Borrower/Debtor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Degree of Loss:  Partial  Total

Cause & Location of Loss: \_\_\_\_\_

VEHICLE INFORMATION, OTHER COVERAGES, AND DEDUCTIBLES

Has Car been Repossessed?  Yes  No VIN: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Does vehicle have other coverage:  Yes  No

Current location of vehicle: \_\_\_\_\_ Contact person & phone number: \_\_\_\_\_

If other coverage, provide: Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Deductible: \_\_\_\_\_

Other Claim No.: \_\_\_\_\_ Adjuster's Name and Phone No.: \_\_\_\_\_

CLAIM CALCULATIONS:

1. Amount of Insurance (Limit of Liability) ..... \$ \_\_\_\_\_
2. Total original loan amount ..... \$ \_\_\_\_\_
3. Payments on loan ..... \$ \_\_\_\_\_
4. Any refunds, insurance, interest, etc. .... \$ \_\_\_\_\_
5. Salvage value ..... \$ \_\_\_\_\_
6. Number of payments 30 days past due ..... \_\_\_\_\_

**TOTAL AMOUNT BEING CLAIMED \$ \_\_\_\_\_**

The subject loss did not originate by any act, design, or procurement on the part of the borrower/debtor, the witness, or the Lender representative. Nothing has been done by or with the knowledge or consent of the borrower/debtor, the witness, or the Lender representative to violate the conditions of the policy or render it void. The property has in no way been concealed, and there has been no attempt to deceive the Company as to the extent of this loss. Any other information that may be required will be furnished and considered a part of this claim.

I hereby certify that the loss has been carefully investigated and that it occurred as stated.

SIGNATURE OF AGENT OR ADJUSTER: \_\_\_\_\_

DATE: \_\_\_\_\_

## FRAUD WARNINGS/STATEMENTS

**Alabama** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**Alaska** - A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona** - Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas, Louisiana, Rhode Island, West Virginia** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California** - **For your protection California Law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.**

**Colorado** - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

**Delaware** - Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**Florida** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Idaho** - Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**Indiana** - A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Kentucky** - Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maryland** - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota** - A person who files a claim with intent to defraud or helps commit fraud against an insurer is guilty of a crime.

**New Hampshire** - Any person who with a purpose to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey** - Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico** - ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**New York** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio** - Any person who with intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oregon** - Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Oklahoma** - "WARNING: 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."

**Pennsylvania** - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Texas** - Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Tennessee, Maine, Virginia, Washington** - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.