

**Theft/Total Loss Protection**  
**AFFIDAVIT OF VEHICLE REPLACEMENT**  
**(All Questions Must be Answered)**

**PLEASE ATTACH PURCHASE ORDER SIGNED BY PURCHASER AND DEALERSHIP**

Your (Purchaser) Name: \_\_\_\_\_ Today's date: \_\_\_\_\_  
PLEASE PRINT FULL NAME

Dealership Name: \_\_\_\_\_

Authorized Dealer Rep: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
PLEASE PRINT FULL NAME

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

Replacement Vehicle Year, Make & Model: \_\_\_\_\_

Replacement Vehicle VIN (Vehicle Identification Number): \_\_\_\_\_

Replacement Vehicle Optional Equipment: \_\_\_\_\_

Replacement Vehicle Purchase Price: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

I the Purchaser hereby swear and/or affirm that I have entered into a purchase or lease agreement with the Dealership referenced above for the replacement vehicle specified on this affidavit. I agree that all monies paid by obligor under the Vehicle Replacement Warranty will be paid directly to the dealership for the purchase of the replacement vehicle. I understand that I must conclude the purchase transaction and take delivery of this vehicle within the timeframe specified in the product agreement. I further understand that my failure to timely purchase the replacement vehicle will relieve the underwriter/administrator/obligor of any payment obligation and/or will obligate me to repay any monies expended by underwriter/administrator/obligor on my behalf.

X \_\_\_\_\_  
Purchaser Signature Date

I the undersigned hereby state that I am authorized by Dealership to sign this affidavit. Dealership agrees that in the event the Purchaser does not conclude this transaction and take delivery of this vehicle, Dealership shall promptly reimburse the underwriter/administrator/obligor for any vehicle replacement payments received for this claim. Dealership further agrees to provide us with a true copy of the vehicle registration within 30 days of the date of replacement vehicle sale.

X \_\_\_\_\_  
Authorized Representative Signature Date

NOTE: ANY PERSON WHO, WITH INTENT TO DEFRAUD, KNOWINGLY SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING ANY FALSE, DECEPTIVE, OR MISLEADING INFORMATION MAY BE GUILTY OF FRAUD AND MAY BE SUBJECT TO CIVIL AND CRIMINAL PENALTIES.

## Notarized Vehicle Theft/Fire Affidavit

**Important:** This form must be completed in detail, notarized and returned to the Company before your claim will be considered. Please use blue or black ink. The use of pencil and/or "White Out" is not permitted.

(All questions must be answered)

### PERSONAL

CUSTOMER'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ CELL NO: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_  
DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
EMPLOYER ADDR: \_\_\_\_\_  
EMPLOYER PHONE: \_\_\_\_\_ EMPLOYED HOW LONG? \_\_\_\_\_  
SPOUSE'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
NUMBER OF DEPENDENTS + AGES: \_\_\_\_\_

### VEHICLE

NAME OF TITLED OWNER(S): \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DATE OF PURCHASE: \_\_\_\_\_ NEW OR USED? \_\_\_\_\_ PURCHASE PRICE: \_\_\_\_\_  
PAYMENT METHOD: \_\_\_\_\_ FINANCE COMPANY (NAME/ADDRESS): \_\_\_\_\_  
BALANCE DUE: \_\_\_\_\_ DATE OF LAST PAYMENT: \_\_\_\_\_  
PAST DUE? \_\_\_\_\_ HOW LONG? \_\_\_\_\_ IS REPOSSESSION POSSIBLE? \_\_\_\_\_  
PURCHASED FROM (NAME/ADDRESS/PHONE): \_\_\_\_\_  
VIN NUMBER: \_\_\_\_\_ TITLE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_  
YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ STYLE: \_\_\_\_\_  
COLOR: \_\_\_\_\_ LICENSE PLATE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_  
SPOUSE'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
NUMBER OF KEYS YOU RECEIVED AT TIME OF PURCHASE: \_\_\_\_\_  
IS VEHICLE USUALLY GARAGED/STORED? \_\_\_\_\_ WHERE (ADDRESS): \_\_\_\_\_  
IS VEHICLE SECURED WHEN GARAGED/STORED? \_\_\_\_\_ HOW? \_\_\_\_\_  
HAS VEHICLE BEEN UP FOR SALE/TRADE? \_\_\_\_\_ IF YES, TO WHO (NAME/ADDRESS): \_\_\_\_\_  
WHO PERFORMS ROUTINE MAINTENANCE? \_\_\_\_\_  
ADDRESS & PHONE NO: \_\_\_\_\_  
DATE LAST SERVICED: \_\_\_\_\_ FOR WHAT? \_\_\_\_\_  
HAS THE VEHICLE BEEN PREVIOUSLY DAMAGED/STOLEN? \_\_\_\_\_ WHEN? \_\_\_\_\_  
WAS IT REPAIRED? \_\_\_\_\_ IF YES, BY WHO (NAME/ADDRESS): \_\_\_\_\_  
WHAT REPAIRS WERE MADE? \_\_\_\_\_

**VEHICLE (continues)**

INSURANCE COMPANY WHO PAID DAMAGE CLAIM: \_\_\_\_\_

ADDRESS AND PHONE: \_\_\_\_\_

SPECIFIC MILEAGE ON YOUR VEHICLE AT THE TIME OF THEFT: \_\_\_\_\_

LIST ANY MARKS, DENTS, SCRATCHES OR CRACKED GLASS AT THE TIME OF THEFT: \_\_\_\_\_

EQUIPMENT ON THE VEHICLE AT THE TIME OF THEFT: \_\_\_\_\_

WHAT IS THE PRIMARY USE OF YOUR VEHICLE? \_\_\_\_\_ PERSONAL OR \_\_\_\_\_ BUSINESS/COMMERCIAL  
AT THE TIME OF LOSS WERE YOU USING THE VEHICLE FOR YOUR BUSINESS OR OCCUPATION? \_\_\_\_\_

IF YES, WHAT IS YOUR BUSINESS OR OCCUPATION?: \_\_\_\_\_

IS THIS VEHICLE EVER USED IN THE SCOPE OF YOUR BUSINESS OR OCCUPATION?: \_\_\_\_\_

IF YES, HOW IS THIS VEHICLE USED IN THE COURSE OR SCOPE OF YOUR BUSINESS OR OCCUPATION?: \_\_\_\_\_

HOW OFTEN?: \_\_\_\_\_ DO YOU CLAIM THIS VEHICLE AS A DEDUCTION ON YOUR  
PERSONAL OR BUSINESS INCOME TAX RETURN?: \_\_\_\_\_

**OCCURRENCE**

WHO WAS USING THE VEHICLE PRIOR TO THE THEFT (NAME/PHONE)? \_\_\_\_\_

THEIR DRIVER'S LICENSE #: \_\_\_\_\_ STATE DL ISSUED: \_\_\_\_\_

SPECIFIC LOCATION FROM WHICH THE VEHICLE WAS TAKEN: \_\_\_\_\_

REASON VEHICLE WAS LEFT AT THIS LOCATION: \_\_\_\_\_

DATE/TIME VEHICLE LEFT AT THIS LOCATION: \_\_\_\_\_

DATE/TIME VEHICLE WAS LAST OBSERVED: \_\_\_\_\_

BY WHOM (NAME/ADDRESS/PHONE)? \_\_\_\_\_

DATE/TIME VEHICLE WAS DISCOVERED MISSING: \_\_\_\_\_

BY WHOM (NAME/ADDRESS/PHONE)? \_\_\_\_\_

DATE/TIME THEFT WAS REPORTED TO THE POLICE: \_\_\_\_\_

BY WHOM (NAME/ADDRESS/PHONE)? \_\_\_\_\_

POLICE DEPT. NOTIFIED: \_\_\_\_\_ REPORT NUMBER: \_\_\_\_\_

NAME/ADDRESS/PHONE OF OTHER PERSON(S) PRESENT WHEN VEHICLE WAS TAKEN: \_\_\_\_\_

WERE THE VEHICLE DOORS LOCKED? \_\_\_\_\_ WERE THE KEYS LEFT IN THE VEHICLE? \_\_\_\_\_

NUMBER OF KEYS YOU CURRENTLY HAVE TO THE VEHICLE: \_\_\_\_\_ WHO HAS THEM? \_\_\_\_\_

WAS VEHICLE EQUIPPED WITH AN ALARM OR ANTI-THEFT DEVICE? \_\_\_\_\_

IF YES, LIST ALARM MANUFACTURER, MAKE, MODEL. \_\_\_\_\_

WAS ALARM ACTIVATED AT TIME OF THEFT? \_\_\_\_\_ LIST PERSONAL ITEMS STOLEN. \_\_\_\_\_

HOW DID THE USER(S) OF THE VEHICLE GET HOME AFTER THE THEFT? \_\_\_\_\_

DESCRIBE IN DETAIL THE MOVEMENTS OF THE VEHICLE DURING THE 24 HOUR PERIOD BEFORE IT WAS  
DISCOVERED MISSING \_\_\_\_\_

**OTHER INFORMATION**

HAS VEHICLE BEEN RECOVERED? \_\_\_\_\_ WHEN? \_\_\_\_\_ BY WHO (NAME/ADDRESS): \_\_\_\_\_

EXPLAIN RECOVERY INFORMATION IN DETAIL: \_\_\_\_\_

CONDITION OF VEHICLE IF RECOVERED: \_\_\_\_\_

POLICE DEPT, REPORT #, OFFICER: \_\_\_\_\_

DID THE POLICE MAKE ANY ARRESTS? \_\_\_\_\_ ARE THERE ANY SUSPECTS? \_\_\_\_\_

LIST PREVIOUS THEFT LOSSES: \_\_\_\_\_ WAS VEHICLE COVERED BY INSURANCE?

IF YES, NAME OF COMPANY/POLICY NUMBER: \_\_\_\_\_

YEAR/MAKE/MODEL/VIN OF STOLEN VEHICLE(S): \_\_\_\_\_

RECOVERED? \_\_\_\_\_ WHEN? \_\_\_\_\_ REPORTED TO THE POLICE? \_\_\_\_\_

WHICH POLICE DEPARTMENT? \_\_\_\_\_ REPORT NUMBER: \_\_\_\_\_

HAS ANY VEHICLE YOU PREVIOUSLY OWNED BEEN REPOSSESSED? \_\_\_\_\_ IF YES, WHEN? \_\_\_\_\_

IS THERE ANY INFORMATION YOU WOULD LIKE TO ADD? \_\_\_\_\_

**NOTARY INFORMATION**

**WARNING:**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD, KNOWINGLY SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING ANY FALSE, DECEPTIVE, OR MISLEADING INFORMATION IS GUILTY OF FRAUD.**

DATE/TIME COMPLETED: \_\_\_\_\_ BY (PRINT NAME/DATE): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

The foregoing instrument was acknowledged before me the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_, who is personally known to me or ( ) produced a

\_\_\_\_\_ as identification and who states he/she is duly authorized to execute said instrument.

Notary public, State of \_\_\_\_\_ My Commission Expires \_\_\_\_\_

Signature of Notary \_\_\_\_\_ Printed Name of Notary \_\_\_\_\_