

**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 NUMBERS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_  
SOCIAL SECURITY#: \_\_\_\_\_  
DRIVER'S LICENSE: \_\_\_\_\_ STATE: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_  
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 VEHICLE KEYS YOU RECEIVED AT TIME OF PURCHASE: \_\_\_\_\_  
IS VEHICLE USUALLY GARAGED/STORED? \_\_\_\_\_ HOW? \_\_\_\_\_  
HAS VEHICLE BEEN UP FOR SALE/TRADE? \_\_\_\_\_  
IF YES, TO WHOM (NAME/ADDRESS): \_\_\_\_\_

WHO PERFORMS ROUTINE MAINTENANCE? \_\_\_\_\_

ADDRESS & PHONE NUMBER: \_\_\_\_\_

DATE LAST SERVICED: \_\_\_\_\_ FOR WHAT? \_\_\_\_\_

HAS THE VEHICLE BEEN PREVIOUSLY DAMAGED/STOLEN? \_\_\_\_\_ WHEN? \_\_\_\_\_  
WAS IT REPAIRED? \_\_\_\_\_

IF YES, BY WHOM (NAME/ADDRESS): \_\_\_\_\_

WHAT REPAIRS WERE MADE? \_\_\_\_\_

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

WHAT IS THE PRIMARY USE OF YOUR VEHICLE? \_\_\_\_\_

PERSONAL OR BUSINESS/COMOMERCIAL: \_\_\_\_\_

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 THE 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 DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

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 REQUIPPED 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 DURNING THE 24 HOUR  
PERIOD BEFORE IT WAS DISCOVERED MISSING: \_\_\_\_\_  
\_\_\_\_\_

#### **OTHER INFORMATION**

WAS VEHICLE RECOVERED? \_\_\_\_\_ WHEN? \_\_\_\_\_  
BY WHOM (NAME/ADDRESS): \_\_\_\_\_  
EXPLAIN RECOVEREY 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 LOSSSES: \_\_\_\_\_  
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 \_\_\_\_ date 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 \_\_\_\_\_