



Please attach
proof of
coverage

**AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY
CREDIT INSURANCE DIVISION
P.O. BOX 696785
SAN ANTONIO, TEXAS 78269-6785
(800) 899-6502**

CLAIM FOR NON-FILE BENEFITS

Customer Name: _____ Phone Number: _____

Address: _____
Street City State ZIP

Lender (Bank/Financial Institution) Name: _____

Address: _____
Street City State ZIP

Lender Phone No.: _____ Loan Account No. _____

Original Loan/Lease Date: _____ Date of Loss: _____

Claim Amount: _____ Reason for Loss (Bankruptcy/Chapter 13): _____

CHECKLIST of items necessary to complete the non-file claim:

- 1. Copy of detailed payment history with payoff amount less any applicable refunds**
- 2. Copy of loan/security contract**
- 3. Proof that all reasonable collection and recovery efforts have been made and that borrower is in default on loan repayment**
- 4. Copy of bankruptcy documents if applicable**