Consumer Affairs Division
Arizona Department of Insurance
2910 North 44th Street, Suite 210, Phoenix, Arizona 85018-7269
Phone: (602) 364-2496 | Fax: (602) 364-2505 | Toll-free: (877) 325-2548
Web: https://insurance.az.gov | E-mail: consumercomplaint@azinsurance.gov

GENUINE WARRANTY SOLUTIONS PROOF OF CLAIM PROCESS

Genuine Warranty Solutions, Inc., ("Genuine") offered vehicle service contracts to Arizona resident automobile owners. Genuine has gone out of business.

Arizona consumers who purchased vehicle service contracts from Genuine may have unexpired service contracts or unpaid claims for service or repairs of their vehicles to Genuine. As permitted by Arizona law and its mission, the Arizona Department of Insurance is offering assistance to consumers who have claims against Genuine.

Arizona law required Genuine to make a deposit to protect Arizona consumers. The Department of Insurance encourages all eligible Arizona consumers with contracts from Genuine to complete a Proof of Claim Form (Form). Claim forms should be accompanied by documentation to be considered. The Form appears below. If your Form or documentation is determined by the Department to be incomplete, your claim may be denied. The Department cannot guarantee that all claims filed will be paid in whole or in part.

You are qualified to submit a claim if you can provide documentation showing that you:

1. prepaid for an Arizona Genuine contract that expires after May 1, 2015; or
2. held an Arizona Genuine contract and:
    a. you paid to service or repair a vehicle covered by the contract during the term of the contract; **and**
    b. Genuine did not reimburse you for the expense according to the terms and conditions of your Arizona contract.

Arizona law contemplates that contract holders, not service providers, are protected by the funds available.

The deadline for submitting a claim is **May 1, 2015**, 5:00 p.m. (Arizona time). You may mail your Form and supporting documents to the Arizona Department of Insurance, 2910 North 44th Street, Suite 210, Phoenix, Arizona 85018-7269, ATTENTION: Genuine Warranty Solutions, or you may email the completed Form along with supporting documents to: consumercomplaint@azinsurance.gov.

All submissions will be treated as public records within the meaning of Arizona Revised Statutes § 39-101 *et seq.* If you have any questions about filing this Form, please contact consumer@azinsurance.gov, 602.364.2496.

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PROOF OF CLAIM FORM

NOTE: DEADLINE FOR FILING THIS PROOF OF CLAIM IS MAY 1, 2015

This Proof of Claim Form (Form) must be completed, signed and returned to:
Arizona Department of Insurance
In re: GENUINE WARRANTY SOLUTIONS, INC.
2910 N 44th Street, # 210
Phoenix, AZ 85018-7269

Emailed or postmarked no later than 5:00 p.m. (Arizona Time), May 1, 2015

Please read this entire Form and complete all portions of this Form that are relevant to your claim. Keep a copy of your completed Form and supporting documents for your records. The Department does not and cannot guarantee or imply that all claims filed will be paid in whole or in part. If you have any questions about filing this Form, please contact consumer@azinsurance.gov.

SECTION A: Contact Information of Person Filing Proof of Claim

Date:	Daytime phone:	Email:		
Your last name		Your first name:	Your middle name/initial:	
Street address:		City:	State	ZIP code:

SECTION B: Location of Vehicle Covered by the Contract

Complete this section only if the location is different from Section A

Location street address:	City:	State	ZIP code:

SECTION C: Information about the Service Contract

Name on contract:			Contract #:
Date of purchase:	Contract effective date:	Contract termination date:	Amount paid for contract term:

SECTION D: Type of Issue - For what type of issue are you requesting assistance?

☑ Claim denial ☐ Non-payment of claim ☐ Premium refund

Date of loss _____ Date you canceled the policy: _____

The Arizona Department of Insurance complies with the Americans with Disabilities Act (ADA) and the Arizonans with Disabilities Act. Individuals with disabilities may request materials in an alternative format by contacting our ADA Coordinator at (602) 364-3100 and should do so as early as possible to allow reasonable time to make necessary arrangements.

Name: _____

SECTION E: STATEMENT OF FACTS:

Was a claim filed with Genuine Warranty Solutions, Inc.? ☑ **Yes** ☐ **No**

If a claim was filed with Genuine Warranty Solutions, Inc., what was the outcome? Enclose *copies* (not originals) of any pertinent documents such as letters, forms, policies, notices, receipts, proof of payment, and emails.

When was the claim filed? _____ **Amount of claim?** _____
(cannot exceed receipts provided)

Description of item(s) covered under service contract, include vehicle's year, make, and model.

Description of the loss or damage you believe was covered by the service contract.

Name: _____

Has the vehicle under the service contract been serviced or repaired? ☑ Yes ☐ No

If the item has been serviced or repaired, did the individual/company who performed the service or repairs receive payment?

☑ Yes ☐ No ☐ Not applicable

If "Yes":

- What was the invoiced amount? _____
- What was the amount paid? _____
- Who paid the amount? _____
- Remaining balance owed (if applicable): _____

Information about Repair Work, Parts, Labor, or Other Services

Company name:			
Street address:	City:	State	ZIP code:
Telephone number:	Email address:		

Type of work completed (submit invoice and receipt).

Were repairs, parts or labor or other services coordinated by or provided through Genuine Warranty Solutions, Inc.? ☐ **Yes** ☑ **No**

If a claim was not filed, please explain.

Name: _____

Additional Information

Please provide any other information relevant to your claim. If you need additional space, please attach a sheet to this Form, and include your name on the sheet.

Please make sure to include the following items with this Proof of Claim Form:

- ☐ A copy of your contract from Genuine Warranty Solutions, Inc. showing that your contract was issued to you and showing the contract was paid.
- ☐ Invoices from the repair shop for the work completed on your vehicle that were not paid by Genuine Warranty Solutions, Inc.
- ☐ Evidence (such as checks or credit card receipts) that you paid for the repairs on your vehicle that Genuine Warranty Solutions, Inc. did not reimburse or pay.
- ☐ Any other document or information relevant to your claim.

Oath and Declaration: By signing below, I declare under the penalties of perjury that I am submitting this Proof of Claim Form and supporting documents in accordance with the Proof of Claim Form Instructions; that the information I am providing in this Proof of Claim Form and supporting documents are true and correct to the best of my information, knowledge, and belief; that I have not received full payment for the claim being submitted; and, that **I understand that the Department does not and cannot guarantee or imply that my filed claim will be paid in whole or in part.**

_____	_____
Signature of Claimant	Signature of Claimant's Representative (If Applicable)
_____	_____
Printed Name of Claimant	Printed Name of Claimant's Representative (If Applicable)
_____	_____
Date	Date