

Date _____

TYPE OF CLAIM (pick only one)

- Lifetime BG Protection Plan ®
- BG Pre-owned Vehicle Protection



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courtesy claims management, LLC

Claim Information

1) Owner/Customer name _____ Phone _____ Email address: _____
 Address _____ City _____ State _____ Zip _____

2) VIN _____ Current odometer reading _____
 Year _____ Make _____ Model _____

3) Name of repair facility _____
 Contact name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email address _____ Preferred contact phone email

4) Original complaint _____

- Failed Component (pick only one)
- | | | | | |
|---------------------------------------|---|--|--|---|
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Cooling System | <input type="checkbox"/> Engine | <input type="checkbox"/> Fuel/Air | <input type="checkbox"/> Power Steering |
| <input type="checkbox"/> Transmission | <input type="checkbox"/> Front Differential | <input type="checkbox"/> Rear Differential | <input type="checkbox"/> Transfer Case | |

Resolution Description _____

5) Estimated expenses for materials & parts _____ Labor rate per hour _____ Tax rate % _____

Provide the following documents when submitting a claim:

1. All service repair orders indicating compliance with terms and conditions of the BG Protection Plan, including BG part numbers, retail prices and labor charges.
2. If necessary, all service repair orders showing compliance with the terms and conditions of previous protection plans or service warranties (excluding OEM extended warranties) and proof of previous plan.
3. If a pre-owned vehicle, a copy of the Bill of Sale.
4. The lease agreement, if the vehicle is leased.
5. The current repair order, with the written estimate for repairs, including part numbers, prices and labor hours separately.
 - a. Provide a diagnosis and description of the fluid (if relevant).
 - b. If the the repair in question has not been fully diagnosed and/or torn down, the Repair Facility must get the customer's authorization to do so and email or fax CCM when a complete diagnosis is available. (Charges for diagnostic procedures and teardown costs are not covered unless they are an integral part of the repair.)
6. We have the right to a third party inspection on any claim submitted **and before any repair is completed.**

NOTE: All claims will be closed out within 30 days from initial filing date (paid or unpaid).