



Ancillary Products Claims Manual

©Portfolio

25541 Commercentre Dr., Suite 100, Lake Forest, CA 92630

Claims: Phone 877.705.4001 Fax 480.897.7516

Email: Claims@Portfolioco.com

www.Claims.Portfolioco.com

Ancillary Claims Hours: 7:00am to 4:30pm Mon-Thur & 7:00am to 3:30pm (PST) Friday

General Ancillary Claims Practices:

All (non-maintenance) ancillary claims require authorization from a Portfolio Ancillary Claims Administrator. Please follow the instructions outlined in this manual prior to any repair work being completed.

All paperwork must be submitted to our claims department via web, email, fax or U.S. Mail

Web: www.claims.portfolioco.com
GAP/Theft Claims Email: claims@portfolioco.com
Other Ancillary Claims Email: warrantyclaims@portfolioco.com
Fax number: (480) 897-7507

To find out the status of an ancillary authorization, please visit www.claims.portfolioco.com one business hour after a claim has been initiated or please call (877) 705-4001

Please visit our site for all your ancillary claims needs at www.claims.portfolioco.com. Please enter the first 3 letters of the contract holder's last name, as well as the contract number or the last 7 digits of the covered vehicle's VIN.

If new ancillary claim forms are sent via our claims site, emailed, or faxed and the dealership/provider does not hear from us in a timely manner, please call us at (877) 705-4001 to verify receipt.

Ancillary claims are the only claims that can be netted from new business and it is only eligible on business that is online entered on our Dealer Portal. All other ancillary claims will be reimbursed to the dealership by check or credit card.

Enclosed you will find claims procedures for the following products:

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Express AutoGap Claims Procedures

- Please visit our website at www.claims.portfolioco.com to open a GAP claim. If internet use is not preferred, they may call Portfolio at (877) 705-4001 and request that a claim form be sent to them. Upon receipt of the claim form we will open the claim. When calling, they need to provide either the contract number or the last 6 digits of the VIN. We will verify the customer's mailing address, vehicle information, the date of loss and email address.
- A documentation checklist is emailed or mailed to the customer to advise him/her of the documents they are required to submit in order for us to forward their claim to underwriting for processing.
- The customer may visit us online at www.claims.portfolioco.com throughout the claims process to see the status of the claim.
- All claim documents should be submitted in a complete and legible packet or file. All GAP claim documents that are supplied from the policy holder's dealer, lienholder, or primary insurance company should be submitted by one party to Portfolio.
- Once the complete packet or file is received & approved in our office, the claim is forwarded to the underwriter for processing. The estimated time for the review process is 10 business days.
- If the claim is approved for payment, a check is issued to the lender and a letter is mailed to the customer and the dealership. The payment is sent directly to the lienholder or customer if the loan has been satisfied. The customer must supply proof that their loan was paid in full.

GAP CLAIM CHECKLIST Information Required to Obtain GAP Benefits

Documents Required from Financial Institution/Lienholder

PAYMENT HISTORY	Request a statement that lists all payments made from the inception date through the date of loss. This should include the principal balance after each transaction as well as the dates and amounts of all transactions and the account number
PAYOFF LETTER	Request a statement that lists the Financial Institution/Lienholder name, payoff address, account number, amount financed, APR and monthly payment amount
GAP CONTRACT	Sometimes known as a GAP Addendum or GAP Waiver , the GAP Contract states the terms and coverage information of the GAP policy purchased with your vehicle. Please send all pages, both front & back sides
RETAIL INSTALLMENT CONTRACT	Sometimes known as a Finance Contract , this document states the payment terms of your vehicle when the vehicle was purchased from the dealer
MSRP INVOICE (FOR NEW VEHICLES)	If your vehicle was purchased new, please provide the Manufacturer's Invoice or Window Sticker which verifies the retail price, specific vehicle information, and any options included with the vehicle.
DEALER BOOKOUT SHEET (FOR USED VEHICLES)	Sometimes known as Kelley Blue Book or NADA , which verifies the retail price, specific vehicle information, and any options included with the vehicle.
BUYER'S ORDER	Sometimes known as a Bill of Sale or Purchase Agreement , this document is a summary of the item(s) to be purchased including the agreed purchase price of the vehicle and any ancillary products (not required for vehicles purchased in CA or vehicles purchased in TX where Buyer's Order was not provided)
APR LETTER (IF REQUESTED)	If your APR was modified a Financial Institution/Lienholder will send you a letter explaining the APR change

Documents Required from Insurance Company

INSURANCE SETTLEMENT CHECK	Provides proof of payment by the Insurance Company. This may be a copy of the Settlement Check or a copy of the Payment History showing the settlement amount has been applied
SETTLEMENT BREAKDOWN	The Settlement Breakdown details how the settlement was calculated using the vehicle's base value in addition to any applicable taxes, fees, adjustments, deductible, etc.
EVALUATION REPORT	The Evaluation Report details how the Insurance Company determined the value of the vehicle. This will include any applicable adjustments for mileage, options, etc.
POLICE THEFT OR ACCIDENT REPORT	Please provide a Police Report . If your Insurance Company does not have this, please obtain a copy from the Police Department. The report must contain the names of the parties involved in the incident, date of the occurrence or incident, location of the occurrence or incident, vehicle identification of all vehicles involved in the incident, and a narrative (police description of what happened)
PRIMARY CARRIER DENIAL OR LAPSE LETTER	If you do not have insurance or your insurance company denied your claim, please request this letter
DECLARATION PAGE (IF REQUESTED)	This is the document that you received from your automobile insurance company when you purchased and/or renewed your policy. It shows your coverage limits, your physical damage deductible(s) and your agent's name, address and phone number.

Documents Required from Dealership

REFUND CHECKS & COPIES OF ALL CONTRACTS PURCHASED	Provide copies of any refunds issued for items which are cancellable. If items are non-cancellable, please provide a written dealer statement indicating this specifically. Please also provide copies of contracts for any Products listed on the Finance Contract or Bill of Sale that were purchased and included in the financing of the Covered Vehicle (e.g. service contracts, theft deterrent, maintenance, credit life/disability contracts, etc.)
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Documents Required from Policy Holder

CAUSE OF LOSS STATEMENT	Provide a written and signed statement stating the events that took place in connection to the total loss.
CLAIM FORM	If claim was not opened online by the policy holder, a filled-out claim form is required
3rd PARTY APPRAISAL	In lieu of an Evaluation Report from the Insurance Company, an Appraisal of the vehicle is required in order to verify that the vehicle is considered a total loss, except in the case of theft
VEHICLE OPTIONS FORM (IF REQUESTED)	If the Dealer Bookout Sheet does not list the vehicle options, a Vehicle Options Form allows the policy holder to list their vehicle's actual options
USAGE FORM (IF REQUESTED)	A Usage Form describes if the vehicle was used for personal or commercial usage
DEDUCTION AUTHORIZATION FORM (IF REQUESTED)	If the primary insurance company missed options listed on the MSRP INVOICE or DEALER BOOKOUT on the original evaluation of the totaled vehicle, a form may be provided to expedite processing of the claim

Code/Etch Claims Procedures

- The customer calls Portfolio at (877) 705-4001 to file a claim. When calling, they need to provide either the theft contract number or the last 6 digits of the VIN. We will verify the customer's mailing address, vehicle information, the date of loss and email address.
- A documentation checklist is emailed (or mailed) to the customer to advise him/her of the documents they are required to submit in order for us to forward their claim to underwriting for processing.
- The customer may visit us online at www.claims.portfolioco.com during the claims process to see the status of the claim.
- All claim documents should be submitted in a complete and legible packet or file. All theft claim documents that are supplied from the policy holder's dealer or primary insurance company should be submitted by one party to Portfolio.
- Once the complete packet or file is received & approved in our office, the claim is forwarded to the underwriter for processing. The estimated time for the review process is 10 business days.
- If the claim is approved for payment, a check is issued and a letter is mailed to the customer and the dealership. All Code/Etch theft checks are made payable to both the selling dealership and the customer. The check is mailed to the selling dealership and the customer will be contacted by the dealership.

Information Required to Obtain Theft Benefits

Code/Etch & Security System

Documents Required From Insurance Company	
INSURANCE SETTLEMENT CHECK	Provides proof of payment by the Insurance Company. This may be a copy of the Settlement Check or a copy of the Check Draft showing the settlement amount
POLICE OR THEFT REPORT	Please provide a Police Report . If your Insurance Company does not have this, please obtain a copy from the Police Department. The report must contain date of the incident, vehicle identification of the vehicle involved in the incident, and a narrative (police description of what happened)
INSURANCE WRITTEN VEHICLE UNRECOVERED STATEMENT	Written statement from your insurance adjuster that verifies your vehicle was not recovered within 10 days from the date of theft. This must be typed on their letterhead and include their claim number, the date of loss, the vehicle information, the date the statement is being written, and the adjuster's signature.
Documents Required From Dealership	
CODE/ETCH OR SECURITY SYSTEM CONTRACT	Sometimes known as a Limited Guarantee Theft Agreement , the Code/Etch Contract states the terms and coverage information of the Theft policy purchased with your vehicle. Please send all pages, both front & back sides
RETAIL INSTALLMENT CONTRACT	Sometimes known as a Finance Contract , this document states the payment terms of your vehicle when the vehicle was purchased from the dealer
Additional Requirements	
RETURNED KEYS, REMOTES OR ACTIVATING DEVICES (IF APPLICABLE)	If your system required active alarming you MUST return all sets of keys, remotes, or activating devices before your claim will be authorized

Please send your Complete Claim Packet/File To:

Portfolio	Web:	www.claims.portfolioco.com
Attn: Theft Claims Dept.	E-Mail:	claims@portfolioco.com
25541 Commercentre Drive, Ste. 100		
Lake Forest, CA 92630		

Please visit www.claims.portfolioco.com to check the status of your claim

If you have any questions regarding your claim, please contact (877) 705-4001

Vehicle Theft Replacement Claim Procedures

- The customer calls Portfolio at (877) 705-4001 to file a claim. When calling, they need to provide either the theft contract number or the last 6 digits of the VIN. We will verify the customer's mailing address, vehicle information, the date of loss and email address.
- A documentation checklist is emailed (or mailed) to the customer to advise him/her of the documents they are required to submit in order for us to forward their claim to underwriting for processing.
- The customer may visit us online at www.claims.portfolioco.com during the claims process to see the status of the claim.
- All claim documents should be submitted in a complete and legible packet or file. All theft claim documents that are supplied from the policy holder's dealer or primary insurance company should be submitted by one party to Portfolio.
- Once the complete packet or file is received & approved in our office, the claim is forwarded to the underwriter for processing. The estimated time for the review process is 10 business days.
- If the claim is approved for payment, a check is issued and a letter is mailed to the customer and the dealership. All theft checks are made payable to both the selling dealership and the customer. The check is mailed to the selling dealership and the customer will be contacted by the dealership.

Information Required to Obtain Theft Benefits

Vehicle Theft Replacement

Documents Required from Insurance Company	
EVALUATION REPORT	The Evaluation Report details how the Insurance Company determined the value of the vehicle. This will include any applicable adjustments for mileage, options, etc.
SETTLEMENT BREAKDOWN	The Settlement Breakdown details how the settlement was calculated using the vehicle's base value in addition to any applicable taxes, fees, adjustments, deductible, etc.
INSURANCE SETTLEMENT CHECK	Provides proof of payment by the Insurance Company. This may be a copy of the Settlement Check or a copy of the Check Draft showing the settlement amount.
DECLARATION PAGE	This is the document that you received from your automobile insurance company when you purchased and/or renewed your policy. It shows your coverage limits, your physical damage deductible(s) and your agent's name, address and phone number.
POLICE OR THEFT REPORT	Please provide a Police Report . If your Insurance Company does not have this, please obtain a copy from the Police Department. The report must contain date of the incident, vehicle identification of the vehicle involved in the incident, and a narrative (police description of what happened).
INSURANCE WRITTEN VEHICLE UNRECOVERED	Written statement from your insurance adjuster that verifies your vehicle was not recovered within 30 days from the date of theft. This must be typed on their letterhead and include their claim number, the date of loss, the vehicle information, the date the statement is being written, and the adjuster's signature.
Documents Required from Dealership	
VEHICLE THEFT REPLACEMENT CONTRACT	Sometimes known as an Express Systems Theft Deterrent System, Vehicle Protection Product Guarantee, or Theft Protection Program the Theft Contract states the terms and coverage information of the Theft policy purchased with your vehicle. Please send all pages, both front & back sides.
RETAIL INSTALLMENT CONTRACT	Sometimes known as a Finance Contract , this document states the payment terms of your vehicle when the vehicle was purchased from the dealer. We Require copies For Total Loss Vehicle And Replacement Vehicle.
BUYER'S ORDER	Sometimes known as a Bill of Sale or Purchase Agreement , this document is a summary of the item(s) to be purchased including the agreed purchase price of the vehicle and any ancillary products (not required for vehicles purchased in CA) We Require copies For Total Loss Vehicle And Replacement Vehicle.
MSRP INVOICE (FOR NEW VEHICLES)	If your vehicle was purchased new, please provide the Manufacturer's Invoice or Window Sticker which verifies the retail price, specific vehicle information, and any options included with the vehicle. We Require copies For Total Loss Vehicle And Replacement Vehicle.
DEALER BOOKOUT SHEET (FOR USED VEHICLES)	Sometimes known as Kelley Blue Book or NADA , which verifies the retail price, specific vehicle information, and any options included with the vehicle. We Require copies For Total Loss Vehicle And Replacement Vehicle.
Additional Requirements	
REPLACEMENT VEHICLE PURCHASE	A New or Used Vehicle must be purchased from the Dealer named in the Certificate to replace the Stolen Vehicle within thirty (30) days of Receipt of the Insurance claims settlement payment from the Primary Insurance Carrier

Please send your Complete Claim Packet/File To:

Web: www.claims.portfolioco.com

E-Mail: claims@portfolioco.com

Portfolio Attn. Theft Claims Dept. ♦ 25541 Commercentre ♦ Suite 100 ♦ Lake Forest ♦ CA 92630

Please visit www.claims.portfolioco.com to check the status of your claim

If you have any questions regarding your claim, please contact (877) 705-4001

Ancillary Claim Procedures

Initiate a claim by visiting our website www.claims.portfolioco.com. The claim can be started online or you may download claim forms for manual submission.

Online claim statuses and authorizations are updated within one-business hour of receipt of a new claim; excluding claims performed by our mobile technician network.

For all claims performed by our mobile technician network, a claims administrator will contact you within one-business hour of receipt and the customer can expect another call within 72 business hours (excluding weekends) by our mobile technician network for appointment setup. If you require additional assistance, please contact us at (877) 705-4001.

Instructions

Policy Holder:

1. Please take your vehicle back to original selling dealership
2. If you are unable to return your vehicle back to original selling dealership, please initiate the claim at www.claims.portfolioco.com Or call (877) 705-4001
3. A claims administrator will contact you within one-business hour of receipt of your new claim

Dealer:

1. Instruct the customer to return their vehicle back to their original selling dealer
4. If the dealer is able to perform the repair services, please initiate the claim at www.claims.portfolioco.com and a claims administrator will contact you within one-business hour of receipt of your new claim
2. If the customer is unable to return to their selling dealer or the dealer is unable to perform the repair services, please ask the customer to initiate the claim at www.claims.portfolioco.com. The customer may be instructed to take their vehicle to another repair facility or their repair may be eligible for repair by our mobile technician network
3. An authorization or an updated status can be viewed online within an hour of initiation during normal business hours

Claim Processing Requirements:*

1. Claim Form (if claim is not initiated online)
2. Copy of Final Customer Signed invoice for reimbursement
3. Photos of the damage (if required/requested)

All required documents must be submitted to our claims department via web, email, fax or U.S. Mail

Please send legible copies of the required documents:

Web: www.claims.portfolioco.com
E-Mail: warrantyclaims@portfolioco.com
Fax: (480) 897-7507
Mail: Portfolio
Attn: Ancillary Claims Dept.
25541 Commercentre, Suite 100
Lake Forest, CA 92630

Additional Item Requirements by Coverage

Tire for Life/Loyalty:

1. Copy of Service History (Repair Orders for Oil Changes and Tire Rotations)

Key Replacement:

1. Customer Signed Key Replacement Authorization Form

All Ancillary Requirements Continued:

Express Systems Fabric, Leather & Paint Claim Form

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Customer Information: _____ Date of damage: _____

Contract or last 6 of VIN#: _____

Full Name (as it appears on contract): _____

Address: _____ Phone#/Email: _____

Year/Make/Model of covered vehicle: _____

Dealership/Repair Shop information:

Dealership Name: _____ Service Advisor Name: _____

Email: _____ Phone: _____

Dealership Address: _____

Claim Information (Check all that apply):

Type of Claim: Fabric Leather Paint Interior Exterior

Type of Damage: Stain Bird dropping Sap Oxidation Other: _____

If stain, what was the cause of stain? _____ Was cleaning attempted? Yes No

Estimated cost of repairs (include labor and sales tax): _____

Customer statement: Please include detailed information about how and when the damage occurred
(Must be filled out by customer with Signature and Date)

Signature of Contract Holder: _____ Date: _____

****Please include photograph(s) of the damage along with a detailed estimate in order to process the claim****

If not returning to the selling dealership, we must have two (2) estimates, and customer may be required to pay out of pocket and will be reimbursed after submitting final invoice after work has been completed.

Please visit www.claims.portfolioco.com to check the status of your claim

Tire & Wheel Claim Form

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Dealership Name: _____

Service Advisor Name: _____

Email: _____ Phone: _____

Last 6 of VIN #: _____ R.O #: _____ Estimate \$ _____

Customers Name: _____ Date of Repair: _____

Tire(s) need to be (check one): REPAIRED REPLACED

Wheel(s) need to be (check one): REPAIRED REPLACED

Which Tire? (Check one and provide tread depth of each):

Left Front Tread Depth _____

Left Rear Tread Depth _____

Right Front Tread Depth _____

Right Rear Tread Depth _____

All-wheel drive (AWD) Yes No

Description of Damage:

Signature of Contract Holder: _____ Date: _____

In order to be reimbursed, **ALL** claims must be submitted with this worksheet **AND** the final **SIGNED** repair order. Pictures are required for 2 or more tires or any wheel damage, showing the exact damage

* Inspection may be requested to determine coverage*

The claim cannot be processed without all the required information on this Form

Please visit www.claims.portfolioco.com to check the status of your claim

Road Hazard Claim Form

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Dealership Name: _____

Service Advisor Name: _____

Email: _____ Phone: _____

Contract or last 6 of VIN#: _____ R.O #: _____ Estimate \$ _____

Customers Name: _____ Date of Repair: _____

Tire(s) need to be (check one):

REPAIRED REPLACED

Which Tire? (Check one and provide tread depth of each):

Left Front Tread Depth _____

Left Rear Tread Depth _____

Right Front Tread Depth _____

Right Rear Tread Depth _____

All-wheel drive (AWD) Yes No

Description of Damage:

In order to be reimbursed, ALL claims must be submitted with this worksheet AND the final SIGNED repair order. Pictures are required for 2 or more tires or any wheel damage, showing the exact damage

The claim cannot be processed without all the required information on this Form

Please visit www.claims.portfolioco.com to check the status of your claim

Customer Key Replacement Authorization Form

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Customer Information: _____ Date of damage: _____

Contract or last 6 of VIN#: _____

Full Name (as it appears on contract): _____

Address: _____ Phone# / Email: _____

Year/Make/Model of covered vehicle: _____

Loss Information

Date of Loss: _____ Number of keys at time of Purchase: _____

Service Advisor Name: _____ Email/Phone: _____

Name of Dealership: _____

Estimate for Replacement: _____

Description of facts and circumstances surrounding the loss/damage of the Key:

Any person who knowingly, and with intent to defraud, files a statement of claim containing any false or misleading information may be guilty of fraud, and may face criminal penalties in accordance with state law.

I certify that the above is true and correct, and authorize the replacement of my lost or damaged key.

Signature of Contract Holder: _____ Date: _____

Please visit www.claims.portfolioco.com to check the status of your claim

Paintless Dent Repair Claim Form

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Customer Information: _____ Date of Repair: _____

Contract or last 6 of VIN#: _____

Full Name (as it appears on contract): _____

Address: _____ Phone#/Email: _____

Year/Make/Model of covered vehicle: _____

Dealership/Repair Shop information (*Also Required If Dealership is Performing Services):

Dealership Name: _____ *Service Advisor Name: _____

Email: _____ Phone: _____

Dealership Address: _____

Does the Dent have any Paint Damage: Yes No Size of Dent: _____

Claim Information (Check all that apply):

Location of Dent(s):

- Driver-side Front Door Driver-side Rear Door Driver-side Front Quarter Panel
 Driver-side Rear Quarter Panel Passenger-side Front-Door
 Passenger-side Rear Door Passenger-side Front Quarter Panel
 Passenger-side Rear Quarter Panel Hood Roof Trunk

*Estimated cost of repairs (include labor and sales tax): _____

Description of Damage:

◆ Please include photograph(s) of the damage along with a detailed estimate in order to process the claim ◆

Please visit www.claims.portfolioco.com to check the status of your claim

Complete Care/Total Care Claim Form

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Customer Information: _____ Date of damage: _____

Contract or last 6 of VIN#: _____

Full Name (as it appears on contract): _____

Address: _____ Phone#/Email: _____

Year/Make/Model of covered vehicle: _____

Dealership/Repair Shop information:

Dealership Name: _____ Service Advisor Name: _____

Email: _____ Phone: _____

Dealership Address: _____

Claim Information (Check all that apply):

Type of Claim: Paint Interior Exterior

Type of Damage: Paint less Dent Repair Windshield Star Crack Clear Coat Scratch

Scuffmarks Touch-Up Black-Out Trim Painting Headlight Reconditioning Cigarette

Burns Screw Holes Dashboard Cracks Interior Stain Interior Rip/Tear/Punctures

Environmental Alloy Wheel Other: _____

If stain, what was the cause of stain? _____ Was cleaning attempted? Yes No

Estimated cost of repairs (include labor and sales tax): _____

Customer statement: Please include detailed information about how and when the damage occurred
(Must be filled out by customer with Signature and Date)

Signature of Contract Holder: _____ Date: _____

****Please include photograph(s) of the damage along with a detailed estimate in order to process the claim****

If not returning to the selling dealership, we must have two (2) estimates, and customer may be required to pay out of pocket and will be reimbursed after submitting final invoice after work has been completed.

Please visit www.claims.portfolioco.com to check the status of your claim

Glass Defense Repair/Replacement Claim Form

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Customer Information: _____ Date: _____

Contract or last 6 of VIN#: _____

Full Name (as it appears on contract): _____

Address: _____ Phone#/Email: _____

Year/Make/Model of covered vehicle: _____

Dealership/Repair Shop information (*Also Required If Dealership is Performing Services):

Dealership Name: _____ *Service Advisor Name: _____

Email: _____ Phone: _____

Dealership Address: _____

Claim Information (Check all that apply):

Windshield Repair Size of Damage: _____

Windshield Replace Size of Damage: _____

Windshield Options (Example: Rain Sensing Wipers): _____

*Estimated cost of repairs (include labor and sales tax): _____

Description & Cause of Damage:

◆ Please include photograph(s) of the damage along with a detailed estimate in order to process the claim ◆

Please visit www.claims.portfolioco.com to check the status of your claim

Tires for Life/Loyalty Claim Form

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Dealership Name: _____

Service Advisor Name: _____

Email: _____ Phone: _____

Last 6 of VIN #: _____ R.O #: _____ Estimate \$ _____

Customers Name: _____ Date of Repair: _____

Manufacturer suggests oil change every _____ Miles

Manufacturer suggests tire rotations every _____ Miles

Manufacturer Other required services _____

Current Mileage _____

Check one and provide tread depth of each:

Left Front Tread Depth _____

Left Rear Tread Depth _____

Right Front Tread Depth _____

Right Rear Tread Depth _____

All-wheel drive (AWD) Yes No

In order to be reimbursed, **ALL** claims must be submitted with this worksheet **AND** the final **SIGNED** repair order. The claim cannot be processed without all the required information on this Form

Please visit www.claims.portfolioco.com to check the status of your claim

Express 5 Glass Repair Claim Form

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Customer Information: _____ Date: _____

Contract or last 6 of VIN#: _____

Full Name (as it appears on contract): _____

Address: _____ Phone#/Email: _____

Year/Make/Model of covered vehicle: _____

Dealership/Repair Shop information (*Also Required If Dealership is Performing Services):

Dealership Name: _____ *Service Advisor Name: _____

Email: _____ Phone: _____

Dealership Address: _____

Claim Information (Check all that apply):

Windshield Repair Size of Damage: _____

Windshield Options (Example: Rain Sensing Wipers): _____

*Estimated cost of repairs (include labor and sales tax): _____

Description & Cause of Damage:

◆ Please include photograph(s) of the damage along with a detailed estimate in order to process the claim ◆

Please visit www.claims.portfolioco.com to check the status of your claim

LR3 Claims Procedures
(Procedure Listed by Coverage)
LR3 Appearance Claim Form

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Customer Information: _____ Date of damage: _____

Contract or last 6 of VIN#: _____

Full Name (as it appears on contract): _____

Address: _____ Phone#/Email: _____

Year/Make/Model of covered vehicle: _____

Dealership/Repair Shop information (*Also Required If Dealership is Performing Services):

Dealership Name: _____ *Service Advisor Name: _____

Email: _____ Phone: _____

Dealership Address: _____

Claim Information (Check all that apply):

Type of Claim: Fabric Leather Paint Carpet Interior Exterior

Type of Damage: Stain Scratch Touch-Up Scuff Marks Other: _____

If stain, was cleaning attempted? Yes No

Alloy Wheel Damage: Which Wheel? (Check one): Left Front Left Rear Right Front Right Rear

Chrome, Moldings & Trim Description of Damage: _____

Convertible & Vinyl Tops: Description of Damage: _____

*Estimated cost of repairs (include labor and sales tax): _____

Customer statement: Please include detailed information about how and when the damage occurred

(Must be filled out by customer with Signature and Date)

Signature of Contract Holder: _____ Date: _____

◆ **Please include photograph(s) of the damage along with a detailed estimate in order to process the claim** ◆

LR3 Glass Repair/Replacement Claim Form

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Customer Information: _____ Date: _____

Contract or last 6 of VIN#: _____

Full Name (as it appears on contract): _____

Address: _____ Phone#/Email: _____

Year/Make/Model of covered vehicle: _____

Dealership/Repair Shop information (*Also Required If Dealership is Performing Services):

Dealership Name: _____ *Service Advisor Name: _____

Email: _____ Phone: _____

Dealership Address: _____

Claim Information (Check all that apply):

Windshield Repair Size of Damage: _____

Windshield Replace Size of Damage: _____

Windshield Options (Example: Rain Sensing Wipers): _____

*Estimated cost of repairs (include labor and sales tax): _____

Description & Cause of Damage:

◆ Please include photograph(s) of the damage along with a detailed estimate in order to process the claim ◆

Please visit www.claims.portfolioco.com to check the status of your claim

LR3 Parts Claim Form

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Dealership Name: _____

Service Advisor Name: _____

Email: _____ Phone: _____

Last 6 of VIN #: _____ R.O #: _____ Estimate \$ _____

Customers Name: _____ Date of Repair: _____

Component(s) that need to be replaced (check one):

LIGHT BULBS & LENSES AUDIO EQUIPMENT BELTS & HOSES BRAKE PADS

OTHER PARTS: _____

PLEASE SPECIFY

Description of Damage:

In order to be reimbursed, ALL claims must be submitted with this Form, or a Web generated Form AND the final SIGNED repair order. Pictures are required showing the exact damage.

The claim cannot be processed without all the required information on this Form

Please visit www.claims.portfolioco.com to check the status of your claim

LR3 Paintless Dent Repair Claim Form

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Customer Information: _____ Date of Repair: _____

Contract or last 6 of VIN#: _____

Full Name (as it appears on contract): _____

Address: _____ Phone#/Email: _____

Year/Make/Model of covered vehicle: _____

Dealership/Repair Shop information (*Also Required If Dealership is Performing Services):

Dealership Name: _____ *Service Advisor Name: _____

Email: _____ Phone: _____

Dealership Address: _____

Does the Dent have any Paint Damage: Yes No Size of Dent: _____

Claim Information (Check all that apply):

Location of Dent(s):

- Driver-side Front Door Driver-side Rear Door Driver-side Front Quarter Panel
 Driver-side Rear Quarter Panel Passenger-side Front-Door
 Passenger-side Rear Door Passenger-side Front Quarter Panel
 Passenger-side Rear Quarter Panel Hood Roof Trunk

*Estimated cost of repairs (include labor and sales tax): _____

Description of Damage:

◆ Please include photograph(s) of the damage along with a detailed estimate in order to process the claim ◆

Please visit www.claims.portfolioco.com to check the status of your claim

LR3 Road Hazard Claim Form

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Dealership Name: _____

Service Advisor Name: _____

Email: _____ Phone: _____

Contract or last 6 of VIN#: _____ R.O #: _____ Estimate \$ _____

Customers Name: _____ Date of Repair: _____

Tire(s) need to be (check one):

REPAIRED REPLACED

Which Tire? (Check one and provide tread depth of each):

Left Front Tread Depth _____

Left Rear Tread Depth _____

Right Front Tread Depth _____

Right Rear Tread Depth _____

All-wheel drive (AWD) Yes No

Description of Damage:

In order to be reimbursed, ALL claims must be submitted with this worksheet AND the final SIGNED repair order. Pictures are required for 2 or more tires or any wheel damage, showing the exact damage

The claim cannot be processed without all the required information on this Form

Please visit www.claims.portfolioco.com to check the status of your claim

LR3 Claim Form Chrome Molding or Trim

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Dealership Name: _____

Service Advisor Name: _____

Email: _____ Phone: _____

Last 6 of VIN #: _____ R.O #: _____ Estimate \$ _____

Customers Name: _____ Date of Repair: _____

Molding Trim

OTHER PARTS: _____

PLEASE SPECIFY

Description of Damage:

In order to be reimbursed, **ALL** claims must be submitted with this worksheet **AND** the final **SIGNED** repair order. Fax Number 480-897-7507 Email is Warrantyclaims@portfolioco.com

If any information is not given, claim will not be processed.

Please visit www.claims.portfolioco.com to check the status of your claim

Battery Replacement Claim Procedures

Initiate a claim by visiting our website www.claims.portfolioco.com. The claim can be started online or you may download claim forms for manual submission.

Online claim statuses and authorizations are updated within one-business hour of receipt of a new claim; excluding claims performed by our mobile technician network.

Instructions

Policy Holder:

1. If you are within 40 miles of your selling dealer you must take your vehicle back to original selling dealership
2. If you are unable to return your vehicle back to original selling dealership, please initiate the claim at www.claims.portfolioco.com Or call (877) 705-4001
3. A claims administrator will contact you within one-business hour of receipt of your new claim

Dealer:

1. If the vehicle is within 40 miles of the original selling dealer, instruct the customer to return their vehicle back to their original selling dealer
2. If the dealer is able to perform the repair services, please initiate the claim at www.claims.portfolioco.com and a claims administrator will contact you within one-business hour of receipt of your new claim
3. If the customer is unable to return to their selling dealer or the dealer is unable to perform the repair services, please ask the customer to initiate the claim at www.claims.portfolioco.com. The customer may be instructed to take their vehicle to another repair facility.
4. An authorization or an updated status can be viewed online within an hour of initiation during normal business hours

Claim Processing Requirements: *

1. Claim Form (if claim is not initiated online)
2. Yearly inspection reports
3. Photo of battery case/cover and damaged battery
4. Copy of multimeter test results
5. Copy of the replacement battery invoice
6. Copy of Final Customer Signed invoice for reimbursement

All required documents must be submitted to our claims department via web, email, fax or U.S. Mail

Please send legible copies of the required documents:

Web: www.claims.portfolioco.com
E-Mail: warrantyclaims@portfolioco.com
Fax: (480) 897-7507
Mail: Portfolio
Attn: Ancillary Claims Dept.
25541 Commercentre, Suite 100
Lake Forest, CA 92630

Please visit www.claims.portfolioco.com to check the status of your claim

Express Systems, Inc., CA DBA Express Systems Insurance Services
Portfolio Services Limited, Inc., CA DBA Portfolio Insurance Services, Inc.

Battery Replacement Claim Form

Send Claim Form via www.claims.portfolioco.com, Fax 480-897-7507, or email warrantyclaims@portfolioco.com

Customer Information: _____ Date of damage: _____

Contract or last 6 of VIN#: _____

Full Name (as it appears on contract): _____

Address: _____ Phone# / Email: _____

Year/Make/Model of covered vehicle: _____

Loss Information

Date of Loss: _____ Multimeter Reading: _____

Service Advisor Name: _____ Email/Phone: _____

Name of Dealership: _____

Estimate for Replacement: _____

Description of facts and circumstances surrounding the requirement for battery replacement:

Description of Damage:

Please visit www.claims.portfolioco.com to check the status of your claim

Roadside Service Claim Procedures

To file an Emergency Road Side Assistance claim, please notify Roadside Assistance at the toll free number listed on the back of the contract. Please be prepared to provide the following:

1. Contract number or last 6 of VIN # and last name of contract holder
2. Brief description of services needed

Once coverage has been verified, a Roadside Assistance specialist will assist with services.

Select Shield Manual Claim Procedures

If you have a claim, please contact Portfolio at (800) 705-4001, ext. 262 and instruct the customer take their vehicle back to the original Dealer. In addition, please provide the following:

1. Customer Signed Repair Order which should include, VIN, mileage, date of repair and the amount of the deductible

The Portfolio administrator will verify the contract's eligibility and coverage

Email: iburton@portfolioco.com

Fax number: (949) 900-8538