



**COMPASS THEFT PROTECTION  
LIMITED GUARANTEE AGREEMENT  
NOTICE OF LOSS FORM**

**YOUR CLAIM CAN NOT BE PROCESSED UNTIL ALL DOCUMENTS HAVE BEEN RECEIVED  
PLEASE CHECK THAT ANY DOCUMENTS THAT REQUIRE "SIGNATURES" ARE SIGNED**

**SECTION - 1**

Customer/Agreement Holder: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Telephone: \_\_\_\_-\_\_\_\_-\_\_\_\_ E-mail: \_\_\_\_\_  
Agreement Number: \_\_\_\_\_ Theft ID Number: \_\_\_\_\_

**SECTION - 2**

Date of Loss: \_\_\_\_/\_\_\_\_/\_\_\_\_ Loss Odometer: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Deductible: \_\_\_\_\_  
Settlement Amount: \_\_\_\_\_  
Signature & Date Required by Customer: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Telephone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

**SECTION - 3**

**PLEASE ATTACH THE FOLLOWING REQUIRED DOCUMENTS**

**OBTAINABLE FROM THE DEALERSHIP**

1. A Copy of the Theft Contract Registration Page
2. A Bill of Sale/Dealer Sales Order Stating Purchase Price and Showing Factory Options and Accessories Affixed Thereto at Time of Delivery
3. NADA book Valuation for Vehicles Purchased Used

**SECTION - 4**

**OBTAINABLE FROM THE INSURANCE COMPANY**

4. A Copy of the Primary Insurance Company Claim Settlement Check(s), Settlement Worksheet and Valuation Report and Policy Declaration Page
5. A Copy of the Complete and Official Police Report with Narrative Including any Supplements and/or Recovery Reports

**TO START A CLAIM ONLINE GO TO [WWW.AGWSINC.COM](http://WWW.AGWSINC.COM)**

**Forward All Claim Documents to:  
American Guardian-Theft Claims Department  
P.O. Box 768, Warrenville, IL 60555**

**Telephone: 800.579.2233 Fax: 630.534.7035  
E-mail: [TheftProtection@agwsinc.com](mailto:TheftProtection@agwsinc.com)**