



**FINANCIAL INSTITUTION – CPI BORROWER CLAIM  
SUBROGATION FORM**

**THIS STATEMENT MUST BE NOTARIZED AND SIGNED BEFORE ANY PAYMENT WILL BE RENDERED.**

**BORROWER INFORMATION:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
MI: \_\_\_\_\_

LOAN #: \_\_\_\_\_ ISI CERTIFICATE #: \_\_\_\_\_

CLAIM #: \_\_\_\_\_ DATE OF LOSS: \_\_\_\_\_

IN REFERENCE TO THE ABOVE MENTIONED INCIDENT, IF YOU AND/OR THE OWNER WERE COVERED BY OTHER AUTOMOBILE INSURANCE, PLEASE COMPLETE THIS SECTION BELOW:

INSURANCE COMPANY: \_\_\_\_\_

POLICY #: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**I HEREWITH CERTIFY THAT I HAVE NOT RECEIVED ANY PAYMENTS FROM ANY OTHER INSURANCE CARRIER IN RELATION TO THIS CLAIM, AND I HEREWITH SUBROGATE MY RIGHTS, TITLE, AND INTEREST IN AND TO ANY SUCH PAYMENTS TO INSURANCE SYSTEMS, INC.**

**SHOULD I RECEIVE ANY PAYMENTS WITH RELATION TO THESE DAMAGES, I WILL NOT CASH SAME, BUT IMMEDIATELY ASSIGN ALL SUCH FUNDS OVER TO INSURANCE SYSTEMS, INC.**

DATE: \_\_\_\_\_ BORROWER: \_\_\_\_\_

THE STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_

PERSONALLY APPEARED BEFORE ME, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, AND ACKNOWLEDGED THE EXECUTION OF THE ABOVE DOCUMENT.

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ IN THE YEAR \_\_\_\_\_

NOTARY PUBLIC (INCLUDE SEAL) \_\_\_\_\_