



VEHICLE OPTIONS FORM

Name: _____

Year/Make/Model _____ Trim Level _____
(LS, SLT, etc. - Fleetside vs Sportside)

Vehicle Identification Number _____

Engine _____ Fuel Gasoline Electric

Phone: 800-331-3780 x8803 | **Fax:** 918-250-4873 | **Email:** gapclaims@orias.com

Please complete the following Options Form to show all options on your vehicle at the time of purchase. Do not include any items added to your vehicle after the date of purchase. Please return this form along with your claim documents.

- | | |
|---|---|
| <input type="checkbox"/> CD Changer/stacker | <input type="checkbox"/> Manual Transmission |
| <input type="checkbox"/> 4 Wheel drive | <input type="checkbox"/> Navigation system |
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Power Door Locks |
| <input type="checkbox"/> Aluminum/Alloy Wheels | <input type="checkbox"/> Power Seat (Drivers) |
| <input type="checkbox"/> Automatic Transmission | <input type="checkbox"/> Power Sunroof |
| <input type="checkbox"/> Bed Liner | <input type="checkbox"/> Power Windows |
| <input type="checkbox"/> Captains chairs - 2nd row | <input type="checkbox"/> Running Boards |
| <input type="checkbox"/> Cruise Control | <input type="checkbox"/> Satellite Radio |
| <input type="checkbox"/> Dual Air Conditioning | <input type="checkbox"/> Snow / Plow Package |
| <input type="checkbox"/> Dual Power Seats | <input type="checkbox"/> Remote Starter |
| <input type="checkbox"/> Rear DVD/TV | <input type="checkbox"/> Third Row Seats |
| <input type="checkbox"/> Hard Top (convertible) | <input type="checkbox"/> Tonneau Cover / Bed Cover |
| <input type="checkbox"/> Heated Seats | <input type="checkbox"/> Towing / Trailer Package |
| <input type="checkbox"/> Leather Seats | <input type="checkbox"/> Turbo Diesel |
| <input type="checkbox"/> Luggage / Roof Rack | <input type="checkbox"/> Hybrid - Not Flexfuel |
| <input type="checkbox"/> Specialty Stereo System (Bose, Infinity, etc.) | <input type="checkbox"/> Conversion Package (Southern Comfort, Roush) |
| <input type="checkbox"/> Soft Top (convertible) | <input type="checkbox"/> Chrome wheels 20" or Larger |

Mileage at Purchase _____

Mileage as of Date of Loss _____

OTHER: (Please list any specialty packages or options not listed above)

Customer's Signature _____

