



# MARATHON GROUP

## Claims Reconsideration Form

**Instructions:** This form is to be completed by the CONTRACT HOLDER ONLY. Please fill in all fields on this form.

**NOTE:** New claims should not be submitted with this form.

Date form complete: \_\_\_\_\_

### Contract Holder's Information

Contract number: \_\_\_\_\_ VIN: \_\_\_\_\_

Contract Holder's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Repair Facility Information

Facility name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_ Date of Breakdown: \_\_\_\_\_

Estimated total cost for repairs: \$ \_\_\_\_\_

### Reason for Request

Please check one of the boxes below:

- Claim Denial
- Partial Claim Denial
- Other – Please explain below

\_\_\_\_\_

### Explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please enclose any important documents to support your claim. The claim will be reconsidered by the claims reconsideration department and you will be contacted upon their review. Please mail this form to: Marathon Group, P.O. Box 961 O'Fallon, IL 62269 Attn: C.R.D.