



Toll Free: (888) 285-2567

# AUL Claims Authorization By Fax

**Instructions:** Complete this Claims Authorization By Fax and Fax to (707) 226-1658.  
 AUL will reply within **ONE-HOUR** via Fax or a Claims Representative will contact you.  
 Hours of Operation: Monday thru Friday, 6 AM to 5 PM Pacific Standard Time.

## CONTACT INFORMATION

CHECK HERE IF POLICY HAS NOT YET BEEN REMITTED AND FUNDED TO AUL CORP.  
 PAYMENT CANNOT BE MADE UNTIL POLICY IS PROPERLY REMITTED AND FUNDED.

BUSINESS NAME	SENDER
PHONE	FAX

## SERVICE CONTRACT INFORMATION

CUSTOMER NAME	AUL CONTRACT NUMBER
VEHICLE YEAR / MAKE / MODEL	
VEHICLE IDENTIFICATION NUMBER	CURRENT MILEAGE

## CLAIM INFORMATION

WAS THE VEHICLE TOWED IN? YES NO

COMPLAINT	R/O NO.	R/O DATE:
CAUSE		
CORRECTION		

### REPAIR NO. 1

PART DESCRIPTION	
PRICE ON PART(S)	\$
LABOR RATE PER HOUR	\$
LABOR TIME	
<b>SUBTOTAL REPAIR #1</b>	<b>\$</b>

### REPAIR NO. 2

PART DESCRIPTION	
PRICE ON PART(S)	\$
LABOR RATE PER HOUR	\$
LABOR TIME	
<b>SUBTOTAL REPAIR #2</b>	<b>\$</b>

This claim has been reviewed and is **AUTHORIZED**. You must **FAX the completed and signed copy of the R/O** to Fax # 707-259-1878. Please include the following **AUTHORIZATION NUMBER**:

\_\_\_\_\_

This claim has been reviewed and must be **DENIED** because \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CAR RENTAL	\$
TOWING	\$
MISC	\$
MISC	\$
<b>TOTAL AMOUNT REQUESTED</b>	<b>\$</b>

### CHOOSE METHOD OF PAYMENT:

CIRCLE ONE: CREDIT CARD CHECK DIRECT DEPOSIT

<b>AUL USE ONLY - PRIORITY</b>	DATE REVIEWED	BY
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