



Gap Application for Coverage

Lender/Dealer Information

Named Insured: _____
Street Address: _____
City / State / Zip: _____
Contact Name: _____ Phone _____ Fax _____

General Information

Number of loans to be made in the next 12 months: New _____ Used _____
Collateral type distribution: Autos/Trucks _____ % Motorcycles _____ % Watercraft _____ % RV's _____ %
Anticipated GAP sales next 12 months (loans): New _____ Used _____
Credit Quality – What percentage of your sales/lending base falls into these interest rate categories:
Below 8% _____ 8% -12% _____ 12.1% -15% _____ 15.1% -17% _____ Over 17% _____
Is a "Purchase Discount", "Dealer Discount" or any other non-refundable discount or reserve funded from loans to offset deficiencies? Yes _____ No _____ If Yes, is reserve payable or refundable to dealer or borrower upon loan payoff? Please elaborate. _____

Loan/Lease Information	New	Used
Average and range of interest rates:		
Average and range of balances at origination (including add-ons):		
Percentage of transactions where advance exceeds 120% of MSRP or NADA Retail Book:		
Average loan amount, as a % of value (MSRP / NADA Retail Book):		
Average and range of terms at origination:		
Average Down Payment (%):		

- Do you, or did you previously, have a GAP program?
Yes No If Yes, elaborate (rate, experience information, etc.) _____
- Do you specialize in any particular type of vehicle, (i.e., high performance, luxury, etc.)?
Yes No If yes, elaborate _____
- Do you have a concentration of lending to a particular type of clientele?
Yes No If Yes, elaborate _____
- % of clientele in military _____%
- GAP coverage to be: Voluntary _____ Blanket (all loans/leases) _____
- Capability to submit GAP business electronically? Yes _____ No _____

Signature of Applicant/Named Insured _____ Date _____

Signature of Agent/Broker _____ Date _____

Signing this application does not bind the applicant nor the Company/Underwriters to complete this insurance. All of the information provided is accurate to the best of my knowledge and I understand that this policy, if issued, will be based upon the information provided herein.

_____ authorized signature _____ date _____ printed name _____ title _____