

APPLICATION FOR COVERAGE

Contact Information

Name Insured: _____

Street Address: _____

City, State, Zip: _____

Contact Name: _____ Phone: _____ Fax: _____

GAP Coverage desired on loans: Voluntary Blanket Standard Plus

GAP Coverage desired on leases: Voluntary Blanket Standard Plus

In the event of early payoff, is a refund desired? Yes No

General Information

Average number of years experience of your lending officers: _____

Delinquency _____ % and repossession _____ % for the last twelve months.

Do you track your loans for primary insurance? Yes No

If yes how are they tracked? _____

Number of loans to be made in the next 12 months: _____ New _____ Used

Number of leases to be made in the next 12 months: _____ New _____ Used

Percentage loan growth over the past 2 years: Year 1 _____ % Year 2 _____ %

Expected GAP sales: \$ _____

(As a Percent of Total Loans/Leases) _____ % of Loans _____ % of Leases

Credit Quality – What percentage of your portfolio falls into these categories?

_____ % A-Paper _____ % B-Paper _____ % C-Paper _____ % Other

How many dealers do you purchase loans from? _____

Average length of association with dealers? _____ Years

Please list any previous GAP loss experience. _____

YEAR	PREMIUM	LOSSES
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you specialize in any particular type vehicle, (i.e.: high performance, luxury)? Yes No

If yes, please provide a brief explanation. _____

What vehicle pricing book do you use to establish residual values for: Leases Looks-Like-a-Lease Loans

