



Lender Application for Coverage

Producer Name: _____

Lender Information

Name: _____

Street Address: _____

City / State / Zip: _____ Effective Date: _____

Contact Name: _____ Phone _____ Fax _____

Loan/Lease Information	New Vehicle		Used Vehicle	
Number of Loans made in most recently completed year (2009)	Units:	\$:	Units:	\$:
Projected loans to be made in the next 12 months:	Units:	\$:	Units:	\$:
Anticipated GAP sales next 12 months (loans):	Units:		Units:	
Number of Leases made in most recently completed year (2009)	Units:	\$:	Units:	\$:
Projected leases to be made in the next 12 months:	Units:	\$:	Units:	\$:
Anticipated GAP sales next 12 months (leases):	Units:		Units:	
MSRP (New) ; NADA Retail (Used)	Average	Range	Average	Range
Credit Score	Average	Range	Average	Range
Term	Average	Range	Average	Range

- Collateral Distribution: Auto ____% Truck ____% SUV ____% Other ____%
- Collateral Distribution: Domestic ____% Import European ____% Import Asian ____%
- Do you, or did you previously, have a GAP program? Yes No If Yes, please provide Price, Lending to Value Limit and attach Experience information _____
- Was the GAP program cancelled by the provider? Yes No If Yes, reason: _____
- Do you specialize in any type of vehicle, (i.e., high performance, luxury, etc.)? Yes Type: _____ No

Signature of Applicant/Named Insured _____ Date _____

Signature of Agent/Broker _____ Date _____