

Lender GAP Program

Lender Information	
Lender Name:	_____
Street Address:	_____
City, State, Zip:	_____
Contact Name:	_____ Phone: _____ Fax: _____
GAP Coverage desired on loans: <input type="checkbox"/> Standard GAP or <input type="checkbox"/> GAP Plus or <input type="checkbox"/> GAP Plus without Deficiency	
What primary carrier deductible coverage is desired? <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000	

General Information	
Projected number of loans to be made in the next 12 months:	New _____ Used _____
Percentage loan growth over the past 2 years:	Last Year: _____ % Previous Year: _____ %
Credit Quality – What percentage of your portfolio falls into these categories?	
_____ % A-Paper	_____ % B-Paper _____ % C-Paper _____ % Other

GAP Information	
Have you had a GAP program within the last 18 months? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, answer all questions in this section)	
Who was the Program Administrator? _____	
Which Insurance company underwrote the program? _____	
	Current Year (1) Prior Year (2) Prior Year (3)
# GAP enrollments sold?	# _____ # _____ # _____
\$ Claims paid?	\$ _____ \$ _____ \$ _____
Do you specialize in any particular vehicle-type (i.e. high-performance, luxury)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide a brief explanation: _____	
What vehicle pricing book do you use to establish residual values for loans? NADA <input type="checkbox"/> KBB <input type="checkbox"/> Other: _____	

Loan Portfolio Information	
Average Interest Rate: _____	Average Amount Financed: _____
Maximum Loan Term: _____	Average Loan Term at Origination: _____
Average Advance Including Adds (as a percentage of MSRP): _____	% MSRP
Maximum Advance Including Adds (as a percentage of MSRP): _____	% MSRP
Average Down Payment (as a percentage of MSRP): _____	% MSRP
Note: MSRP is interpreted as cash price of vehicle plus accessories	

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Penalties may include imprisonment, fines or a denial of insurance benefits.

 Signature of Applicant Title Date