

**AMERICAN MODERN INSURANCE GROUP, INC.  
GUARANTEED AUTO PROTECTION (GAP) PROGRAM**

**APPLICATION**

**I. Named Insured Information**

Insured Lender: \_\_\_\_\_  
(Lesser)  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Fax Number: (\_\_\_\_) \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Ext.: \_\_\_\_\_

**II. Coverage Type**

		Projected Annual Volume
A.	Individual Enrollment	
	[ ] Loans	# _____
	[ ] Leases	# _____
B.	Blanket Coverage	
	[ ] Loans	# _____
	[ ] Leases	# _____

Requested Coverage Effective Date: \_\_\_\_\_

**III. Portfolio Characteristics**

	<u>Loans</u>	<u>Leases</u>
A.	Average Interest Rate	_____ %
B.	Average Percentage of MSRP Financed (New)	_____ %
	Average Percentage of NADA Financed (Used)	_____ %
	(maximum limit is 150%)	
C.	Average Term in Months	_____ Months
	(may not exceed 84 months)	
D.	Average Down Payment Percentage	_____ %
E.	Average Amount Financed	\$ _____
F.	Maximum Loss per Occurrence Limit (requested limit applies to Loans & Leases)	
	[ ] \$50,000 [ ] \$25,000 [ ] \$10,000 [ ] \$1,000 [ ] \$7,500 [ ] \$5,000 [ ] \$2,500	
G.	Maximum Deductible Coverage Limit (requested limit applies to Loans & Leases)	
	[ ] \$1,000 [ ] \$750 [ ] \$500 [ ] \$250 [ ] \$100	

\_\_\_\_\_  
Authorized Agent Signature

\_\_\_\_\_  
Date