

Loan/Lease Balance Deficiency (Gap) Waiver – Election Form
Guaranteed Auto Protection is not required to obtain credit.

DATE: _____ SELLER/LIENHOLDER: _____

BORROWER/LESSEE NAME: _____

ADDRESS: _____

ACCOUNT/LOAN #: _____ LOAN OFFICER: _____

VEHICLE YEAR/MAKE/MODEL: _____

VEHICLE ID NUMBER: _____

AMOUNT FINANCED/LEASE AMOUNT (excluding Gap fee) \$ _____

LOAN/LEASE TERM _____ Months LOAN/LEASE DATE _____

() Yes, I elect the Gap Waiver.

I understand that this Gap Waiver is not an offer of insurance coverage. I understand that by accepting the Gap Waiver for my loan or lease that my responsibility for any deficiency balance is hereby waived by the Lendor/Lessor and that proceeds from my primary insurance policy or any applicable third party insurance policy will satisfy my deficiency balance, except those terms on the DEBT cancellation agreement. *Includes Head Start \$1000 Replacement Vehicle Benefit.*

The one-time cost is \$ _____

Signature: _____ Date: _____

Signature: _____ Date: _____

() No, I do not elect the Gap Waiver.

In the event my vehicle is stolen or a total loss and my insurance company pays less than the amount of my loan/lease, I understand I will be fully responsible for any deficiency balance.

Signature: _____ Date: _____

Signature: _____ Date: _____

**Courtesy Insurance Agency
Deficiency Balance (GAP) Insurance**

NOTICE OF LOSS

Insured Lender: _____

Address: _____

Person Handling Claim: _____ Phone: () _____

Borrower: _____

Account Number: _____ Current Balance: _____

Date of Lease/Loan: _____ Original Term in Months: _____

Type of Loss: Physical Damage Theft Date of Loss: _____

Primary Carrier: _____

Settlement Amount: _____ Borrower's Deductible: _____

Collateral: _____
 YR MAKE MODEL VIN

Please attach the following documentation:

- | | |
|--|--|
| _____ Copy of Security/Lease Agreement | _____ Copy of Primary Insurance Settlement Statement |
| _____ Copy of Primary Ins Dec Page | _____ Copy of Primary Insurance Settlement Check |
| _____ Loan History | _____ Account Current Showing Payoff Amount |
| _____ Copy of Police Report (if theft) | _____ Copy of Warranty Contract (if applicable) |

Form Completed by: _____ Date: _____

CLAIMS ADMINISTRATOR:
Courtesy Insurance Agency
P.O. Box 13130
Oklahoma City, OK 73113-1130
405/755-4571, FAX: 405/752-8986