



GUARANTEED ASSET PROTECTION NOTICE

Please print.

Dealership DBA Name: _____

Dealership Representative: _____

Dealership Rep. Title _____

Dealership Address: _____

_____ City, State Zip

Buyer Name: _____

Vehicle Purchased: _____
Year Make Model

The above-named official representative of the above-named auto dealer has presented Guaranteed Asset Protection (GAP) to me/us and informed me/us of the opportunity to purchase GAP coverage from a provider licensed to write GAP policies.

In electing NOT to purchased GAP coverage from a licensed provider, I/we understand that in the event the vehicle listed above is stolen or deemed a total loss, and my/our insurance company pays less than the unpaid net balance of my/our installment contract, I/we understand the I/we am/are fully responsible for any deficiency balance.

I am declining Guaranteed Asset Protection coverage.

In the event the vehicle listed above is stolen or deemed a total loss, and my/our insurance company pays less than the unpaid net balance of my/our installment contract, I/we understand the I/we am/are fully responsible for any deficiency balance.

I am electing to purchase Guarantees Asset Protections coverage DIRECTLY from an insurance company. Please include a copy of the GAP policy with this form.

Buyer Signature _____

Date _____

Buyer Signature _____

Date _____

