



**GUARANTEED ASSET PROTECTION WAIVER**

**Please print.**

Dealership DBA Name: \_\_\_\_\_

Dealership Representative: \_\_\_\_\_

Dealership Address: \_\_\_\_\_

\_\_\_\_\_ City, State Zip

Buyer Name: \_\_\_\_\_

Vehicle Purchased: \_\_\_\_\_  
Year Make Model

The above-named 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 purchase 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.**

Buyer Signature \_\_\_\_\_ Date \_\_\_\_\_

Buyer Signature \_\_\_\_\_ Date \_\_\_\_\_

