



Number: \_\_\_\_\_

Date of Loan \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

American National Property And Casualty Company  
c/o Program Administrator  
JM&A Group  
P. O. Box 8567  
Deerfield Beach, FL 33443  
(800) 443-9841



Pure  
protection

**Program Administrator****GAP APPLICATION**

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 act, which is a crime.

**APPLICANT INFORMATION**

Insured \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**LOAN INFORMATION**

Lender \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Vehicle Year \_\_\_\_\_ Vehicle Make/Model \_\_\_\_\_  
Vehicle ID No. \_\_\_\_\_  
Purchase Price \$ \_\_\_\_\_ Amount of Loan \$ \_\_\_\_\_  
Starting Mileage \_\_\_\_\_ Term of Loan \_\_\_\_\_ mo./yr.  
GAP Coverage Effective Date \_\_\_\_\_  
GAP Premium \$ \_\_\_\_\_

GAP coverage will provide protection for the insured when the above listed vehicle is involved in a loss which is determined to be a **total loss** by **your vehicle's physical damage insurer**. GAP coverage will pay the difference between the loan balance at the time of loss and the **actual cash value** (as defined in the GAP Agreement). GAP coverage does not cover any portion of any applicable physical damage insurance deductible that exceeds \$500, past due payments, interest, penalties, costs of extended warranties, credit life or any other loan add-ons. Other conditions and restrictions apply to this coverage. Refer to the GAP Agreement, attached hereto and made a part hereof, for specific details of coverage.

**INSURED'S APPROVAL AND AGREEMENT**

The insured(s), by signing below, acknowledge that they have read this application, received a copy of the GAP Agreement, and that the benefits and limitations of GAP coverage have been explained to them. Signature(s) below also indicate an understanding that: (1) GAP Insurance is not required nor is a condition of the extension of credit, (2) Gap Insurance may be obtained from other sources than this Dealer/Creditor, (3) GAP Insurance will not be provided unless this application is signed and I/we agree to pay the GAP Premium listed above, and (4) the information contained in this application is to the best of my/our knowledge, true. The undersigned also authorize American National Property And Casualty Company and their designees to obtain any and all insurance information pertaining to any loss on the above listed vehicle and any and all financial information from the lender or others pertaining to the above listed loan.

Insured Signature _____	Date _____	Insured Signature _____	Date _____
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Lender/Dealer Signature _____	Date _____	Dealership _____
Print Name _____		Dealer Code _____



**American National Property And Casualty Company  
GAP Claim Form**

Date of Loss \_\_\_\_\_

Is the vehicle a total loss?    Yes \_\_\_\_\_ No \_\_\_\_\_

**CLAIM WORKSHEET**

- |    |  |          |   |
|----|--|----------|---|
| 1. | Outstanding loan balance at time of loss .....   | \$ _____ | . |
| 2. | Less <b>physical damage insurer</b> settlement or<br>NADA retail value (if no insurance at the time of loss) | - _____  | . |
| 3. | Less salvage value (if retained by<br>insured) .....   | - _____  | . |
| 4. | Less amount of any past due payments,<br>interest, and penalties .....                                       | - _____  | . |
| 5. | Less carry-over balances .....   | - _____  | . |
| 6. | Less extended warranties, Credit Life<br>Insurance, Health, Accident or Disability<br>Insurance .....        | - _____  | . |
| 7. | Less portion of <b>physical damage insurer's</b><br>deductible, if any, that exceeds \$500 .....             | - _____  | . |
| 8. | Amount due (not to exceed \$50,000.00) .....   | \$ _____ | . |

To all Lending Institutions. Please attach the following:

1. Complete documentation from your **physical damage insurer** substantiating the date and cause of the **total loss** and the computation of the total monetary payment under your **physical damage insurance** policy. (The insurance company's settlement statement)
2. Proof of payment to your **lender** by your **physical damage insurer**.
3. Twelve months prior to loss loan history and a copy of your original loan contract.
4. Complete documentation from the **lender** showing the amount owed on **your vehicle** as of the **date of total loss**, and the date the next payment is or was due.
5. The **lender's** original of the GAP Application.

Claims Information Should Be Sent To:

American National Property And Casualty Company  
c/o Program Administrator  
JM&A Group  
P. O. Box 8567  
Deerfield Beach, FL 33443

I certify that the above-listed information is true and correct to the best of my knowledge.

Any person who knowingly and with intent to defraud any insurance company or other person files a statement for claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime.

Lender Representative: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date