Paige-Ruane, Inc.PO Box 10
Scottsville, VA 24590
888-800-7670 fax 888-721-7671

Gap Application

Lender/Dealer Information				
Named Insured:				_
Street Address:				_
City / State / Zip:				<u></u>
Contact Name: Phone:		Fax:		-
General Information				
Number of loans to be made in the next 12 months: New	Used			
Collateral type distribution: Autos/Trucks% Motorcycles	% Watercraft	% RV's		
Anticipated GAP Sales next 12 months (loans): New Use	ed			
Credit Quality – What percentage of your sales/lending base falls into the	se interest rate catego	ories:		
Below 8% 8%-12% 12.1%-15% 15.1%	-17% O	ver 17%		
Is a "Purchase Discount", "Dealer Discount" or any other non-refundable NoIf Yes, is reserve payable or refundable to dealer or borrower Please elaborate	upon loan payoff?		offset deficiencies?	Yes
Loan/Lease Information	New		Used	
Percentage of transactions where advance exceeds 120% of MSRP or NADA Retail Book:				
Average original loan amount as a % of value (MSRP / NADA Retail Book):				
Average and range of original loan amounts (including add ons):	Average	Range -	Average	Range
Average and range of loan terms at origination:	Average	Range -	Average	Range -
Average and range of interest rates:	Average	Range -	Average	Range -
Which of these are included in the original loan amount? □Sales Tax □Warranty (VSC/MBI) □Other (Please indicate)				_
Do you, or did you previously, have a GAP program? □Yes □No If yes, please provide Rate, Lending to Value Limit and attach Experience information.				
Was the GAP program cancelled by provider?				
Do you specialize in any particular type of vehicle, (i.e. high performance, luxury, etc.)? □Yes □No If yes, elaborate				-
Capability to submit GAP business electronically? □Yes □N	lo			
Signature of Applicant/Named Insured:		Date		
Signature of Agent/Broker:				