



GAP Insurance Premium Report

250 East Broad Street 7th Floor
Columbus, OH 43215-8581
(614) 228-2800 • (800) 628-8581
www.ohioindemnity.com

Policy: _____
Name Insured: _____

Premium Rate: _____
Report for Month Ended: _____

Page: _____ Of: _____

	BORROWER/LESSEE NAME	GAP WAIVER NUMBER	SALE DATE	REMITTANCE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
Total Remittance:				

Please Attach the following items before mailing:

Copies of all Gap Waivers and Check Payable to: **OHIO INDEMNITY COMPANY**

Please submit this report and proper remittance within ten days after the end of the each calendar month.

Person Reporting / Date

() _____
Telephone Number

Manager's Signature

FRAUD NOTICE: It is unlawful to make any materially false or fraudulent statement or representation in connection with an insurance transaction, including, but not limited to any application for coverage or the presentation of any claim. Violation may result in criminal prosecution and/or civil litigation. The above statements are true and correct to the best of my knowledge. No material facts are withheld of which the insurer should be informed.