



**GUARANTEED ASSET PROTECTION (GAP)
REPORTING FORM**

ACCOUNT NAME		ACCOUNT NUMBER
ADDRESS		
CITY	STATE	ZIP
CONTACT	PHONE	FAX
REPORTING PERIOD	NUMBER REPORTED	NUMBER SPOILED

CONTRACT NUMBER	EFFECTIVE DATE	TERM	CONSUMER NAME	REMITTANCE
(1)				\$
(2)				\$
(3)				\$
(4)				\$
(5)				\$
(6)				\$
(7)				\$
(8)				\$
(9)				\$
(10)				\$
(11)				\$
(12)				\$
(13)				\$
(14)				\$
(15)				\$
(16)				\$
(17)				\$
(18)				\$
(19)				\$
(20)				\$

MAKE CHECK PAYABLE TO: PROGRAM ADMINISTRATOR AND REMIT TO ADMINISTRATOR AT ADDRESS SHOWN BELOW. PLEASE ACCOUNT FOR ALL PRE-NUMBERED WAIVER FORMS IN NUMERICAL ORDER. ALL PRE-NUMBERED FORMS MUST BE ACCOUNTED FOR. RETURN ALL SPOILED COPIES TO ADMINISTRATOR WITH THIS REPORT.	DO NOT OFFSET OR NET CANCELLATIONS AGAINST NEW BUSINESS	\$
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