



GAP MONTHLY REMITTANCE FORM

DEALER/SELLER NAME		DEALER ID	
STREET ADDRESS		CITY	
STATE	ZIP	CONTACT	
PHONE	FAX	EMAIL	
REPORTING PERIOD		CONTRACT COUNT	CONTRACTS SPOILED

#	Contract Number	Effective Date	Customer Name	Contract Term	Remit Amount
1					\$
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$
8					\$
9					\$
10					\$
11					\$
12					\$
13					\$
14					\$
15					\$
16					\$

MAKE CHECK PAYABLE TO: CONLEY INSURANCE GROUP AND REMIT TO ADDRESS BELOW. PLEASE ACCOUNT FOR ALL PRE-NUMBERED CONTRACTS IN NUMERICAL ORDER. ALL PRE-NUMBERED CONTRACTS MUST BE ACCOUNTED FOR. MARK ALL SPOILED COPIES (SPOILED) AND RETURN WITH THIS REPORT.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">TOTAL \$</td> </tr> <tr> <td>CHECK #</td> </tr> </table>	TOTAL \$	CHECK #
TOTAL \$			
CHECK #			

Conley Insurance Group
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 Des Peres, Missouri 63131
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 Fax: 314-909-9157