



# GAP Account Information Form

(Please Type or Print Legibly)

Lienholder Name: Credit Acceptance

CA Dealer LOT Number \_\_\_\_\_

Dealer Name		Effective Date
DBA		
<b>Physical Address</b>		
City	State	Zip
Phone ( )	Fax - Dealership ( )	
Federal Tax I.D. No.		
<b>Mailing Address</b>		
City	State	Zip
Dealer Principal		
Email Address		

**CA GAP Program will require additional agreements/licensing to be submitted before the account is activated. Please indicate where the additional paperwork should be sent:**

Contact Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Send Via:  Email Address  Mailing Address

Do you have a licensed insurance agent working at this location?:  Yes  No

Does this dealership have an insurance license?:  Yes  No

<b>AGREEMENT CHECKLIST - COMPLETED BY PROTECTIVE</b>	Protective Dealer Number: _____
GAP <b>Insurance</b> Dealer Agreement _____	<input type="checkbox"/>
Application for Insurance Policy _____	<input type="checkbox"/>
Licensing (provide a copy of the license and complete the Producer Profile _____)	<input type="checkbox"/>
GAP <b>Addendum (Waiver/Non-Insurance)</b> Dealer Agreement _____	<input type="checkbox"/>
DFI Letter (IN, KS, AL Only) _____	<input type="checkbox"/>

<b>RATES - COMPLETED BY CA FOR ALL NEW SET-UPS</b>	
<b>Program:</b>	<b>Rates:</b>
<input type="radio"/> Waiver	<input type="radio"/> CA Cost: \$ _____
<input type="radio"/> Insurance	<input type="radio"/> Retail Cost: \$ _____

Comments: \_\_\_\_\_

**Send this form to GAP Program contact:**

Protective Producer Services  
 PO Box 770, Deerfield, IL 60015-0770  
 Phone: 800 323 5771 Fax: 800 516 1231  
 Email: dealer.setups@protective.com