



Quoting Application for GAP - Guaranteed Asset Protection

Contact Information

| | |
|------------------|--|
| Account Name | |
| Street Address | |
| City St ZIP Code | |
| Contact Name | |
| Work Phone | |
| E-Mail Address | |

Portfolio - Program Information Please complete brief information about current loan portfolio

| | |
|-------|-------------------------------------|
| _____ | Program Type |
| _____ | Current Administrator and Insurer |
| _____ | Lender Price / Borrower Price |
| _____ | Lender Income per Waiver |
| _____ | LTV% / Skip A Payments |
| _____ | GAP Plus Benefit \$ *if applicable |
| _____ | # of Waivers Sold per Month |
| _____ | Loss Ratio - Past 12 months and ITD |

Additional Information Please provide details of any current issues with your current provider, what you are looking for in a program and any coverage requests.

Agreement and Signature

By completing this application, you are not binding coverage or entering into an agreement with company. This application is to provide your Financial Institution with a quote. Additional documentation is required to bind coverage.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |

Once Completed

Please complete and email to: info@isicpi.com