



GAP Remittance Form

Return document to: Allstate Credit Division, 1776 American Heritage Life Dr, Building B., Jacksonville, FL 32224 Attn: Credit Accounting

A. DEALER/LENDER/CREDIT UNION INFORMATION

Name: _____ **Dealer No.** _____
Address: _____ **Phone:** _____
 _____ **Fax:** _____

B. PRODUCT INFORMATION

Select product type: Standard GAP GAP + Non-Franchised (Used) Program **Form Code:** _____

Note: If you sell multiple product types, please complete a new remittance form for each product type.

C.	BORROWER	POLICY NO.	TERM
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

D. REMITTANCE CALCULATION:

1	Number of Waivers ≤ 60 mo.:	_____	X	_____	=	_____
				Cost		
2	Number of Waivers 61 to 72 mo.:	_____	X	_____	=	_____
	(Not valid with Non-Franchised program)			Cost		
3	Number of Waivers 73 to 84 mo.:	_____	X	_____	=	_____
	(Not valid with Non-Franchised program)			Cost		
						sum
Total Remittance Amount:						
Please make check payable to American Heritage Insurance Services						

Internal Use Only:

Batch Number: _____

RCC Clerk: _____

Keyer: _____

Date: _____

Date Stamp

Remittance completed by: _____
(Please print)

REMITTANCE FORM PROCEDURES

Submit by the 15th of each month

Your Lender (Dealer) agreement states that the dealer is responsible for submitting business to AHIS by the 15th day of the following month in which it was issued. No business will be accepted with loan dates more than 60-days from the date of issue, unless the dealer has remitted such late Addendums in accordance with the GAP Late Submission Agreement.

Business submitted after the 15th day of the month will be logged; however, we cannot guarantee that this business will be processed by the close of the month.

Completing Remittance Forms

I: Sort and Screen Waivers

Step	Action
1	If applicable, sort waivers by product type.
2	Review waivers to ensure that all fields are populated and that the information on the waivers matches the purchase order.
3	Review waivers to ensure that they meet all underwriting criteria: <ul style="list-style-type: none"> A. Acceptable Collateral -The Program should not be offered to purchasers of recreational vehicles, ATVs, trailers, Daewoos, or other types of loans or collateral designated as ineligible by AHIS. B. Financing - The Lender shall offer waivers only to: <ul style="list-style-type: none"> i. Customers who originate their loans through the Lender, and only at the time the loan is transacted ii. On loans or leases that have uniform monthly repayment terms for the full period of the financing agreement C. Correct Forms - Only individual GAP Addendums administered by AHIS and that match the program issued to the Lender may be submitted. If you are unsure if the Addendums meet this criteria, please contact your administrator at 800.741.4216, ext. 4.

II: Complete Remittance Form and Submit Business

It is imperative that you submit completed remittance forms with your business.

Step	Action
1	Complete Section A- Dealer/Lender/Credit Union contact information <i>Note: If you do not know your Dealer No. please call 800.741.4216, ext. 4. Providing this number supports the timely and accurate processing of your business.</i>
2	Select product type being submitted and enter form code in Section B. <i>Note: If you sell multiple product types, please complete a remittance form for each product type.</i>
3	In Section C, list each waiver being submitted.
4	Count the number of waivers with terms of 60 months or less and enter this number along with the correct cost in line D1. Multiply the number of waivers by the cost and enter this amount in the last column.
5	Count the number of waivers with terms of 61-72 months and enter this number along with the correct cost in line D2. Multiply the number of waivers by the cost and enter this amount in the last column.
6	Count the number of waivers with terms of 73 to 84 months and enter this number along with the correct cost in line D3. Multiply the number of waivers by the cost and enter this amount in the last column.
7	Total the amount being submitted by adding the values from steps 4-6.
8	Make check payable to: American Heritage Insurance Services Mail check, remittance form and waivers to: Allstate Credit Division, 1776 American Heritage Life Dr, Building B., Jacksonville, FL 32224 Attn: Credit Accounting