

GUARANTEED AUTO PROTECTION (GAP) INSURANCE POLICY
Application/Declarations

NAME INSURED WILLIE W. WEASEL		SELLING DEALER		ACCOUNT NUMBER	
MAILING ADDRESS 2230 MAIN ST		ADDRESS			
CITY ANY TOWN	STATE OR	ZIP 97000	CITY	STATE	ZIP
HOME PHONE 503-541-2222	BUSINESS PHONE		PHONE	CONTACT	
YEAR 2000	MAKE CHEV	MODEL PU	VIN GM23321HKL2679	CURRENT MILEAGE 86,202	
FINANCIAL AGREEMENT DATE 02/23/2009		VEHICLE PURCHASE PRICE \$ 8,995⁰⁰		LENDER/LESSOR UNITED RELIABLE LENDING	
<input checked="" type="checkbox"/> LOAN - INSTALLMENT <input type="checkbox"/> LEASE		TERM OF THE FINANCIAL AGREEMENT IN MONTHS 48		ADDRESS PO BOX 000	
<input type="checkbox"/> NEW <input checked="" type="checkbox"/> USED		AMOUNT FINANCED/ LEASE CAP COST \$ 8000.00		CITY PORTLAND	STATE OR ZIP 97000
Agreement No.:		INTEREST RATE	PHONE 503.541.7777	CONTACT WENDELL	

The agreed amount financed or included in a lease that is in excess of the Covered Motor Vehicle's customary M.S.R.P. or equivalent value as published in an approved established retail value guide per NADA is (N/A) %

Effective: From 02/23/2009 12:01 a.m. Standard Time to 01/22/2013 at the address of the Named Insured as defined in policy provisions. However, the policy also expires upon the earliest of (1) the original termination date of the loan/lease; (2) the early termination of the loan/lease, or (3) eighty-four (84) months after the effective date. No vehicle with a market value greater than \$100,000.00 as of the date of this Insurance is eligible hereunder. Our maximum limit of liability shall not exceed \$50,000.00.

VEHICLE INFORMATION

CHECK ONE	MOTOR VEHICLE:	<input type="checkbox"/> AUTO	<input type="checkbox"/> VAN	<input checked="" type="checkbox"/> LIGHT TRUCK	<input type="checkbox"/> RECREATIONAL VEHICLE
		<input type="checkbox"/> SNOWMOBILE	<input type="checkbox"/> ATV	<input type="checkbox"/> MOTORCYCLE	<input type="checkbox"/> WATERCRAFT

ACCEPTANCE

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND ACCEPT ALL OF THE PROVISIONS OF THIS GUARANTEED ASSET PROTECTION GAP INSURANCE. NO VERBAL REPRESENTATIONS HAVE BEEN MADE TO ME WHICH DIFFER FROM THESE PROVISIONS. I ACKNOWLEDGE THAT THE INFORMATION SHOWN ABOVE IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

WARNING: THIS INSURANCE DOES NOT PROVIDE BODILY INJURY, PROPERTY DAMAGE, LIABILITY, OR COLLISION INSURANCE AND DOES NOT COMPLY WITH ANY FINANCIAL RESPONSIBILITY LAW OR ANY OTHER LAW MANDATING MOTOR VEHICLE INSURANCE COVERAGE.

This GAP Insurance is NOT required to obtain credit or any particular or favorable credit terms and will not be provided unless I sign and agree to pay the additional premium as shown below. I understand that if I desire GAP coverage, I may obtain such coverage from anyone I choose.

Premium \$400⁰⁰	Policy Fee \$25⁰⁰	Total \$425⁰⁰	I Accept This GAP Insurance	<input checked="" type="checkbox"/>	Insured Signature(s)	Insurance Effective Date
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X _____ OR Policy No. **ODW 06676**

Dealer/Lender/Lessor Signature Title Date

Countersigned by our Authorized Representative:

Date: