

RECREATIONAL VEHICLE Remittance Form

Dealership Name:			Dealer #:		
Address:			Agent #:		
City:		State:	Zip Code:		
Phone:		Fax:			
Report Preparer *:		Title:		Total # of Waivers:	
Submission Date:		Total Remittance:			

***NOTE TO REPORT PREPARER: PLEASE MAKE SURE ALL WAIVERS ATTACHED ARE SUBMITTED COMPLETE WITH ALL INFORMATION. ANY FORMS RECEIVED IN OUR OFFICE INCOMPLETE WILL BE RETURNED TO DEALERSHIP.**

	Waiver Number	Date Sold	\$0 – \$150k		\$150k – \$250k		\$250k – \$350k		\$350k – \$450k		\$450k – \$500k		Customer Name	Amt Due	
			72	84	72	84	72	84	72	84	72	84			
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
													Total Remittance		

FOR OFFICE USE ONLY – DO NOT WRITE IN AREA BELOW. THANK YOU.

TOTALS:

<u>\$0 - \$150k</u>	<u>\$150k - \$250k</u>	<u>\$250k - \$350k</u>	<u>\$350k - \$450k</u>	<u>\$450k - \$500k</u>
72 month: _____	72 month: _____	72 month: _____	72 month: _____	72 month: _____
84 month: _____	84 month: _____	84 month: _____	84 month: _____	84 month: _____

Please make all checks payable the insurance company and send to the administrator with the original (white) copy of the waiver.
Program Administrator • P.O. Box 550 • Eufaula, AL 36072 • (800)766-0310 • Fax (334)616-7274

Thank you for your business!