

GAP EXEMPTION FORM
(Attachment to SL-1)

Complete both Sections A and B if this is a layered risk. Complete only Section B if this is not a layered risk.

(A) List all known layers if placed by your brokerage or not.
The primary policy is the first layer. For additional layers, include an attachment.

| <u>Layer #</u> | <u>Limit of Liability</u> | <u>Excess of (underlying limits)</u> | <u>% of Layer with GAP Insurers</u> |
|----------------|---------------------------|--------------------------------------|-------------------------------------|
| 1 | \$ _____ | \$ -0- | _____ % |
| 2 | \$ _____ | \$ _____ | _____ % |
| 3 | \$ _____ | \$ _____ | _____ % |
| 4 | \$ _____ | \$ _____ | _____ % |
| 5 | \$ _____ | \$ _____ | _____ % |
| 6 | \$ _____ | \$ _____ | _____ % |
| 7 | \$ _____ | \$ _____ | _____ % |
| 8 | \$ _____ | \$ _____ | _____ % |
| 9 | \$ _____ | \$ _____ | _____ % |
| 10 | \$ _____ | \$ _____ | _____ % |

For this type of insurance for this insured:

- a. Total Number of Layers _____
- b. Total Limits of Liability \$ _____ (for all layers combined)
- c. Total % of GAP Insurers _____ % (for all layers combined)
- d. This submission is for layer # _____

(B) List GAP insurers participating on this layer or underwriting this policy.

| <u>GAP Insurer(s)</u> | <u>% of Participation This Layer/Policy</u> |
|-----------------------|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

(Signature of Person on Line 1 of SL-1)

(Date of Signature)