

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.

| Layer # | Limit of Liability | Excess of (underlying limits) | % of Layer with GAP Insurers |
|---------|--------------------|----------------------------------|---------------------------------|
| 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:

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

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

(Date of Signature)