

Policy Number: \_\_\_\_\_

**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>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

GAP (3/95) \_\_\_\_\_  
(Signature of Person on Line 1 of SL-1)

\_\_\_\_\_  
(Date of Signature)