



Today's Date \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_ pages  
 Register for Month \_\_\_\_\_ Year \_\_\_\_\_

## Monthly Register and Remittance Report

Dealer / Lessor / Lender \_\_\_\_\_ Dealership No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone No. \_\_\_\_\_

Effective Date	Name	GAP Number	Contract Term	GAP Fee	Service Center Use Only
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

**TOTAL THIS COLUMN**  
**TOTAL ALL PAGES**  
 (Your check should be for this amount)

**IMPORTANT: Make Checks Payable To:**  
 CNA National Warranty Corporation -- Accounting Department  
 P.O. Box 2840 -- Scottsdale, Arizona 85252-2840  
 800-345-0191 -- 480-941-1626

\_\_\_\_\_  
 PREPARER'S SIGNATURE

- REMEMBER TO ENCLOSE**
- Copies of each GAP addendum/policy
  - Your check for total amount (do not deduct for cancellations)
  - White copies of Monthly Register and Remittance Report