



# LETTER OF INDEMNITY

## FOR GAP WAIVER CONTRACT

To: **Endurance Dealer Services**

Date: \_\_\_\_\_

We are submitting remittance for the below referenced GAP Waiver. This Waiver was issued prior to the 60-day allowable "Grace Period" for submission.

Please accept this letter as our indemnification to the Insurance Company in the event of a GAP claim on this Waiver falling outside the "Grace Period". We understand we are liable for the benefit of any loss occurring prior to the date shown at the top of this letter.

### GAP WAIVER INFORMATION

GAP WAIVER NUMBER (OR LAST SIX DIGITS OF VIN)		
VEHICLE MAKE	VEHICLE MODEL	VEHICLE MILES
CUSTOMER NAME		

### DEALER REPRESENTATIVE

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**PLEASE EMAIL A COPY OF THIS FULLY EXECUTED DOCUMENT TO:**

**dealerservices@enduranceds.com**

**NOTE:** Any discrepancies in the above Letter of Indemnity will result in immediate rejection. Acceptance of this Letter and reissuance of this contract are at the sole discretion of the Administrator.

**FOR HELP AND/OR QUESTIONS, PLEASE CONTACT:**

Dealer Services & Support | 866-690-6665

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