



P.O. BOX 68003  
ANAHEIM, CA 92817  
1-800-690-6948

## DEFICIENCY WAIVER ADDENDUM

CONSUMER NAME		DEALER NAME		
ADDRESS		ADDRESS		
CITY	STATE	ZIP	CITY	STATE ZIP
HOME PHONE	WORK PHONE	PHONE	CONTACT	
YEAR	MAKE	MODEL	VIN	CURRENT MILEAGE

### FINANCIAL AGREEMENT

DATE	TERM IN MONTHS
VEHICLE PURCHASE PRICE \$	AMOUNT FINANCED \$

DEFICIENCY WAIVER ADDENDUM COST \$

### MANDATORY DISCLOSURES, ACKNOWLEDGEMENT, AND ACCEPTANCE

Yes, I elect the Deficiency Waiver Addendum

I understand that in the event my vehicle is a total loss, and the actual cash value amount or any applicable third party insurance settlement is not sufficient to pay off my net loan balance, resulting in a deficiency balance or a GAP, my Lender will waive the GAP subject to the terms and conditions of this agreement. I understand that this GAP waiver is NOT a policy of insurance.

This Waiver **will** include:

1. Net deficiency balance up to \$5,000
2. Primary insurance deductible up to \$1,000 when a GAP occurs.
3. Coverage for the entire term of the contract up to 48 months

This Waiver **does not** include:

1. The cancellable or refundable portion of any items included in the Financial Agreement
2. Past due payments, late charges and interest in arrears through the date of loss.
3. Additional fees added to contract after inception date including any storage or towing in excess of \$150 related to the total loss or any lost salvage value because Lender cannot recover damaged vehicle.

Purchase of this GAP Waiver is not required in order to obtain financing for purchase of a vehicle.

\_\_\_\_\_  
Buyer Signature

\_\_\_\_\_  
Co-Buyer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dealer Authorized Representative Signature

\_\_\_\_\_  
Date

No, I do not elect the Deficiency Waiver Addendum

In the event my vehicle is stolen or a total loss and my insurance company pays less than the amount of my loan, I understand I will be fully responsible for any deficiency balance.

\_\_\_\_\_  
Buyer Signature

\_\_\_\_\_  
Co-Buyer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dealer Authorized Representative Signature

\_\_\_\_\_  
Date