## **GAP TRANSMITTAL FORM**

		Address:	
Period Covered: Month	Year	City, State, Zip:	
		Company Number:	

**Company Name:** 

Sold by	Date	Application Number	Status	Applicant Name	Term	Retail Price	Sales Tax	Fee	Amount Due
				••		\$	\$	\$	\$
					TOTALS:	\$	\$	\$	\$

Remember to enclose:
- Copy of signed application

- Check for total amount due

Make check payable to **Old Republic Insurance Company** Mail to: P.O. Box 35008, Tulsa, OK 74153-0008 8282 South Memorial Drive, Suite 202, Tulsa, OK 74133-4352 Phone 800-331-3780

