

**GUARANTEED ACCEPTANCE PROGRAM (GAP)
DATA CERTIFICATION FORM**

I, _____, certify that the information contained in
this report for
_____, _____ is valid and accurate.
(Company Name) (NAIC#)

Reporting Period: (Check one) Monthly: _____ Annual: _____
<i>For Monthly GAP reports, state the:</i> _____ (Month) (Year)
<i>For Annual GAP reports, state the:</i> _____ (Calendar Year)

(Signature)

(Date)