GAP TRANSMITTAL FORM

Company Name: _____

Address: _____

City, State, Zip: _____

Period Covered: Month _____ **Year** _____ **Company Number:** _____

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, Oklahoma 74153-0008**
8282 S. Memorial Drive, Suite 202, Tulsa, OK 74133-4352
Phone 1-800-331-3780