



Transmittal/Remittance Form

Dealership: _____ Dealer #: _____

Preparer: _____ Agent #: _____ Name: _____

	VSC Date of Sale	Customer's Last Name	VSC Number	Retail Price	Dealer Cost
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Please make all checks payable to: **GREAT AMERICAN INSURANCE COMPANY, INC.**

MAIL TO:

268 Christian Church Road
Johnson City, TN 37615

PAGE TOTAL: \$ _____

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