



**PREMIER**  
DEALER SERVICES

**LOYALTY DEALER REMITTANCE FORM**

DEALER NAME		DEALER NUMBER		
ADDRESS				
CITY		STATE		ZIP
PREPARED BY		E-MAIL ADDRESS		TELEPHONE
DATE REMITTED	CHECK NO.	CHECK DATE	CHECK AMOUNT	TOTAL NO. OF CONTRACTS

**Make checks payable to Great American Insurance Company**

CONSUMER NAME	DEALER REMITTED
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
11)	
12)	
13)	
14)	
15)	
16)	
17)	
18)	
19)	
20)	
<b>PAGE TOTAL</b>	<b>\$</b>

- ✓ All business must be remitted and paid for on a weekly basis
  - ✓ Attach "Administrator" copy of each contract
  - ✓ Attach any spoiled contracts

**SUBMIT ALL BUSINESS TO:**  
**PREMIER DEALER SERVICES, INC.**  
 P.O. BOX 23880 • SAN DIEGO, CA • 92193-3880  
 PHONE: 800-886-8176 FAX: 858-522-6202