



Report & Remit Form

Send contracts and make checks payable to: **Protective, P. O. Box 770, Deerfield, IL 60015-0770**

Account:	Account Code		
Address	City	State	Zip
Account Representative			

	Consumer's Last name	Contract Number (Include Prefix)	Dealer Cost		Consumer's Last name	Contract Number (Include Prefix)	Dealer Cost
1				16			
2				17			
3				18			
4				19			
5				20			
6				21			
7				22			
8				23			
9				24			
10				25			
11				26			
12				27			
13				28			
14				29			
15				30			

Prepared by: _____ Page _____ of _____ Page Total: \$ _____

Note: Keep cancellations on a separate Report & Remittance. **DO NOT** deduct cancellations from Report and Remittance. Please submit cancellations immediately. **DO NOT** hold cancellations for positive business. Call Protective for cancellation quote.

OFFICE USE ONLY
Batch ID: _____
Carrier: _____
Check #: _____
Cash Receipt #: _____
Amount: _____
Date Received: _____
Keyed by: _____
Edited by: _____
DATE STAMP
DEPOSIT NUMBER:
1 2 3 4 5 6 7 8 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>