



Report and Remit Form

Send contracts and make checks payable to:

Protective, P.O. Box 770, Deerfield, IL 60015-0770 or 2345 Waukegan Rd. Bannockburn, IL 60015

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: \$ \$0.00

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

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.