

SERVICE AGREEMENT NUMBER

**USAA Extended Vehicle Protection
Vehicle Service Agreement
Declaration Page**

AGREEMENT HOLDER INFORMATION				VEHICLE INFORMATION	
LAST NAME	FIRST NAME	MI	YEAR	MAKE	MODEL
ADDRESS		EMAIL		ODOMETER READING	IN-SERVICE DATE
					VEHICLE PURCHASE PRICE Current Black Book Retail Value
CITY/STATE/ZIP CODE		TELEPHONE NUMBER		VIN	

COVERAGE INFORMATION			PLANS / PACKAGES	
VEHICLE CLASSIFICATION	AGREEMENT TERM		COVERAGE PLAN	
<input type="checkbox"/> NEW <input type="checkbox"/> PRE-OWNED	MONTHS	MILES		
DEDUCTIBLE	TOTAL AGREEMENT PRICE			
	Agreement Price:	Sales Tax: Total:		
AGREEMENT PURCHASE DATE	AGREEMENT EXPIRATION DATE	AGREEMENT EXPIRATION MILEAGE	METHOD OF PAYMENT	
			<input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CASH/CHECK <input type="checkbox"/> FINANCED <input type="checkbox"/> INSTALLMENTS	

OTHER PROVISIONS

The **ADMINISTRATOR** of this **VEHICLE SERVICE AGREEMENT** is United Service Protection Corp., at P.O. Box 20949, St. Petersburg, FL 33742. The telephone number is 1-877-EVPUSAA (1-877-387-8722). The **ADMINISTRATOR'S** hours of operations are **Monday through Friday 8 a.m. to 8p.m. Eastern Time.**

The **OBLIGOR** under this **VEHICLE SERVICE AGREEMENT**, referred to as "**WE**," "**US**" and "**OUR**" throughout, is United Service Protection Corp., the address and telephone number for which are provided above. The 24-Hour Roadside Assistance Benefits are provided through Nation Motor Club, Inc. in all states except for AZ, HI, LA, MA, NE, TN, TX and WA, where benefits are provided by Nation Motor Club, Inc. dba Nation Safe Drivers For all companies mentioned the administrative offices are located at 800 Yamato Road, Suite 100, Boca Raton, FL 33431, and their toll-free phone number is 1-866-375-5374. When calling to obtain 24-Hour Roadside Assistance Benefits, please reference Producer Code 47357, and Plan Letters AB.

The **ADMINISTRATOR** and **OBLIGOR** may be different depending upon the State in which **YOU** reside. If this is applicable to **YOUR** state, it will be noted in the **SPECIAL STATE DISCLOSURE** addendum document included with the **AGREEMENT**.

If the term of this **AGREEMENT** overlaps with the term of **YOUR** manufacturer's warranty, look first to **YOUR** manufacturer's warranty for coverage. This **AGREEMENT** excludes coverage for any loss covered by **YOUR** manufacturer's warranty, but may nevertheless provide benefits in addition to those provided by **YOUR** manufacturer's warranty.

YOU must provide all of the information requested in this **DECLARATION PAGE** in order to validate this **Vehicle SERVICE AGREEMENT**. This **DECLARATION PAGE** shall be the basis upon which the **Vehicle SERVICE AGREEMENT** is issued. **YOUR** (a) verbal authorization to **OUR** telephone agent and subsequent receipt of **YOUR VEHICLE SERVICE AGREEMENT** or (b) **YOUR** electronic signature (by accepting the Privacy Statement electronically) confirms **OUR** right to charge the price quoted, and indicates that the information **YOU** have provided is true and correct, and also that **YOU** accept the terms and provisions of this **VEHICLE SERVICE AGREEMENT** as they have been described to **YOU** and **YOU** agree to be bound by the terms thereof. This document takes precedence over any oral or written statements given to **YOU**. **YOU** may cancel this **SERVICE AGREEMENT** within sixty (60) days for any reason and receive a full refund. Once **YOU** receive this **Service AGREEMENT** if **YOU** wish to cancel **YOU** have sixty (60) days to notify Us (as described in the Cancellation section) and receive a full refund. I understand that I may return this **Service AGREEMENT** within sixty (60) days for any reason and receive a full refund.

YOUR **Vehicle SERVICE AGREEMENT** contains an arbitration clause which may affect **YOUR** legal rights, unless **YOU** live in a state that prohibits such provisions. Please review the Arbitration Section in its entirety as well as the **SPECIAL STATE DISCLOSURE** addendum document for **YOUR** specific state (if applicable) to determine whether **YOUR** legal rights are affected.

Purchase of this **AGREEMENT** is not required in order to purchase or obtain financing for a motor **VEHICLE**.
Claims Administrator: 1-877-EVPUSAA (1-877-387-8722)

Roadside Benefits Administrator: (1-866-375-5374) Producer Code 47357, Plan Letters AB

To review the General Privacy Policy of United Service Protection Corporation, United Service Protection, Inc., and Assurant Service Protection, Inc., Assurant Solutions companies, please visit
<http://www.assurantsolutions.com/pri-privacy-notice-t4.html>.

AGREEMENT HOLDER SIGNATURE (IF SIGNED ELECTRONICALLY, YOUR NAME WILL BE PRINTED)	DATE
X	

DEFINITIONS

The following definitions apply to words used frequently throughout this **VEHICLE SERVICE AGREEMENT**. These definitions and items identified in the **DECLARATION PAGE** are in **BOLD-FACED, SMALL CAPS** type:

- 1) **ADMINISTRATOR** - The entity identified on the **DECLARATION PAGE** that administers this **AGREEMENT** on **OUR** behalf.
- 2) **ACCESSIBILITY EQUIPMENT (“ACCESSIBILITY”)** - A **VEHICLE** that has been converted by a licensed facility to allow for personal mobility equipment access to the **VEHICLE**.
- 3) **ACTUAL CASH VALUE** - The Black Book Official New and Used Car Guide® published retail average value of **YOUR VEHICLE** for **YOUR** region, taking age, condition and mileage into consideration.
- 4) **MECHANICAL BREAKDOWN (“BREAKDOWN”)** - The failure of a **COVERED PART** under normal service and usage of the **VEHICLE**. A **COVERED PART** has failed when it can no longer perform the function for which it was designed solely because of its condition.
- 5) **CLAIM** - A demand by **YOU** for benefits under this **AGREEMENT**.
- 6) **COMMERCIAL USE** - Any **VEHICLE** regardless of registration type including but not limited to **VEHICLES** used primarily for rental, taxi, limousine or shuttle, delivery, towing or road repair operations, construction and job site hauling, police or emergency service, racing or competitive driving, service or repair.
- 7) **COVERED PART(S)** - The parts listed in the Schedule of Covered Parts subsection of the **SCHEDULE OF COVERAGES** document of this **AGREEMENT**.
- 8) **DECLARATION PAGE** - The numbered document executed by **YOU** which is a part of this **AGREEMENT**. It lists information regarding the **VEHICLE** to be covered, **AGREEMENT** terms, and other vital information.
- 9) **DEDUCTIBLE** - The amount **YOU** are required to pay (if any), as shown on the **DECLARATION PAGE**, toward the total cost for the repair or replacement of **COVERED PARTS** per repair visit.
- 10) **IN-SERVICE DATE** - The date on which the **VEHICLE** was first purchased by the original owner, if known. For **VEHICLES** for which that original purchase date is not known, it shall be July 1st of the **VEHICLE** model year. This may not be the date that **YOU** purchased **YOUR VEHICLE**. The **IN-SERVICE DATE** does not apply to Comprehensive New and Pre-Owned Plans.
- 11) **LIENHOLDER** - The financial institution that **YOU** have entered into a financial arrangement with to finance the **VEHICLE** covered by this **AGREEMENT**, or said financial institution's successors or assigns.
- 12) **NEW VEHICLE** - Refers to a **VEHICLE** that is covered under the original manufacturer's full coverage **NEW VEHICLE** warranty at the time of purchase of this **AGREEMENT** and does not refer to whether or not the eligible **VEHICLE** has been previously owned, sold or titled.
- 13) **OBLIGOR, WE, US, and OUR** - The entity identified on the **DECLARATION PAGE** obligated to perform under this **VEHICLE SERVICE AGREEMENT**.
- 14) **PLAN** - Refers to the **PLAN** selected and Agreement Term selected by **YOU** as shown on the **DECLARATION PAGE** of this **AGREEMENT**.

- 15) **PRE-OWNED VEHICLE** - Refers to a qualifying **VEHICLE** that does not meet the definition of a **NEW VEHICLE** and does not refer to whether or not the eligible **VEHICLE** has been previously owned, sold or titled.
- 16) **REPAIR FACILITY** - Any licensed **REPAIR FACILITY** authorized by the **ADMINISTRATOR** to perform repair services under this **AGREEMENT**.
- 17) **SCHEDULE OF COVERAGES** - An Addendum to this **AGREEMENT** that outlines the coverage of the **PLAN** selected by **YOU** as shown on the **DECLARATION PAGE** of this **AGREEMENT** and lists the **COVERED PART(S)**.
- 18) **SPECIAL STATE DISCLOSURES** - An Addendum to this **AGREEMENT** that changes some of the provisions of this **AGREEMENT** in order to comply with the laws of the state if applicable to **YOU**.
- 19) **VEHICLE** - The **VEHICLE** described on the **DECLARATION PAGE** that is covered under this **AGREEMENT**, regardless of whether or not the **VEHICLE** has been previously owned, sold, or titled.
- 20) **VEHICLE SERVICE AGREEMENT (“AGREEMENT”)** - This **VEHICLE SERVICE AGREEMENT** which **YOU** have purchased for the **VEHICLE** described on the **DECLARATION PAGE**.
- 21) **YOU, YOUR** - The Agreement Holder shown on the **DECLARATION PAGE** of this **AGREEMENT**.

GENERAL PROVISIONS

1) Agreement Term:

Coverage under this **AGREEMENT** will begin on the **AGREEMENT** Purchase Date as shown on the **DECLARATION PAGE** of this **AGREEMENT**. Coverage under this **AGREEMENT** will expire on the Expiration Date or when the **VEHICLE** reaches the specified **AGREEMENT** Expiration Mileage whichever occurs first, as shown on the **DECLARATION PAGE** of this **AGREEMENT**.

PLAN Coverage Expiration is determined as follows:

- a) **NEW PLAN VEHICLE COVERAGE:** The Expiration Date is determined by adding the months of the Agreement Term selected to the **AGREEMENT** Purchase Date shown on the **DECLARATION PAGE**, and the Agreement Expiration Mileage is the Agreement Term Mileage selected.

b) WRAP PLANS VEHICLE COVERAGE:

For **VEHICLES** with a current odometer reading between twelve thousand and one miles (12,001) and fifty thousand miles (50,000).

- a) The Expiration Date is determined by adding the months of the Agreement Term selected to the **VEHICLE'S IN-SERVICE DATE** shown on the **DECLARATION PAGE**, and the Agreement Expiration Mileage is either the Agreement Term Mileage of the Term selected. If no **IN-SERVICE DATE** is provided, the **IN-SERVICE DATE** will be defaulted to July 1st of the model year. The Manufacturer Wrap **PLAN** does not provide power train coverage for the Engine, Transmission and Drive Axle components; the automobile manufacturer warranty is intended to provide the power train warranty. The Manufacturer Diesel Wrap **PLAN** does not provide coverage for the Diesel Engine components; the automobile manufacturer warranty is intended to provide Diesel Engine warranty.

- b) It is **YOUR** responsibility to make certain that any and all remaining manufacturer warranty (as applicable) is transferred into **YOUR** name.

For Vehicles with a current odometer reading of twelve thousand and one miles (12,001) or less.

- c) The Expiration Date is determined by adding the months of the Agreement Term selected to the **AGREEMENT** Purchase Date shown on the **DECLARATION PAGE**, and the **AGREEMENT** Expiration Mileage is the Agreement Term Mileage selected. The Manufacturer Wrap **PLAN** does not provide power train coverage for the Engine, Transmission and Drive Axle components; the automobile manufacturer warranty is intended to provide the power train warranty. The Manufacturer Diesel Wrap **PLAN** does not provide coverage for the Diesel Engine components; the automobile manufacturer warranty is intended to provide Diesel Engine warranty.

- c) **PRE-OWNED VEHICLE COVERAGE:** The Expiration Date is determined by adding the months of the Agreement Term selected to the **AGREEMENT** Purchase Date shown on the **DECLARATION PAGE**, and the **AGREEMENT** Expiration Mileage is determined by adding the Agreement Term Mileage selected to the Odometer Reading of the **VEHICLE** on the **AGREEMENT** Purchase Date.

2) Deployment Coverage Extension:

- a) In an event that **YOU** are deployed for a period of up to fifteen (15) months, **WE** will place **YOUR AGREEMENT** in a suspension status, should **YOU** so wish. To initiate the suspension status, please contact the **ADMINISTRATOR** and choose option 6, Business Processing. **YOU** will need to provide the **ADMINISTRATOR** with **YOUR** deployment dates and the mileage of **YOUR VEHICLE** at the time of deployment, so that **WE** may place **YOUR AGREEMENT** in suspension status. The **ADMINISTRATOR** will work directly with USAA to verify the deployment status. No **CLAIMS** will be covered during this period. Upon **YOUR** return, please contact the **ADMINISTRATOR** so that **WE** may place **YOUR AGREEMENT** in an active status. **YOUR** expiration date will be extended by the length of time **YOU** were deployed, up to fifteen (15) months. **WE** may ask for the odometer mileage of the **VEHICLE** at the time of **YOUR** return.
- b) Following **YOUR** return from deployment of a period no less than six (6) months, **WE** will pay on **YOUR** behalf or reimburse **YOU** for one oil change, up to forty-five (\$45) dollars in accordance with the terms and conditions of this **AGREEMENT**.

3) Coverage:

The coverage provided to **YOU** for **YOUR VEHICLE** is determined by the Coverage **PLAN** and Agreement Term selected by **YOU** on the **DECLARATION PAGE** and by the terms and provisions of this **AGREEMENT**. Please see **YOUR SCHEDULE OF COVERAGES** document for a detailed list of **COVERED PARTS** and to determine the coverage provided under **YOUR PLAN**.

WE will pay on **YOUR** behalf or reimburse **YOU** for the reasonable costs to repair or replace any **COVERED PARTS**, which cause a **BREAKDOWN**, less any **DEDUCTIBLE**. **WE** will pay on **YOUR** behalf the Substitute Transportation, Travel/Lodging and 24-Hour Roadside Assistance Benefits expenses as listed in the **SCHEDULE OF COVERAGES** document.

All **COVERED PARTS** must be functioning properly at the time **YOU** purchase this **AGREEMENT**. Please refer to the section of this **AGREEMENT** titled Agreement Holder's Guide to Filing a Claim for **CLAIMS** instructions. **YOU** must comply with all of the terms and provisions of this **AGREEMENT**.

4) DEDUCTIBLE:

WE will pay the portion of the expense for a covered repair that is in excess of any **DEDUCTIBLE** that appears on the **DECLARATION PAGE**. The **DEDUCTIBLE** will not apply to the Additional Benefits or the 24-Hour Roadside Assistance Benefits listed in the **SCHEDULE OF COVERAGES** document.

5) Limits of Liability:

- a) **Single Claim Limit:** **OUR** liability with respect to any one **CLAIM** is limited to the cost to repair or replace any **COVERED PARTS** using retail labor rates from a nationally recognized guide (i.e., Motors Guide or All-Data), less any **DEDUCTIBLE**. **Repairs may be completed with new parts, or parts of like kind and quality, as customarily used in the automobile industry, commensurate with the age and odometer reading of the VEHICLE at the time the part(s) failed.** In all cases parts replacement cost will not exceed list price or manufacturer's suggested retail price. In no event will **OUR** liability exceed the cost necessary to correct the actual cause of the **BREAKDOWN**. **OUR** liability for any one (1) repair visit shall in no event exceed the **ACTUAL CASH VALUE** of **YOUR VEHICLE** at the time of said repair visit.
- b) **Aggregate Limit:** **OUR** liability with respect to the total of all benefits paid or payable while this **AGREEMENT** is in force will not exceed the Black Book retail average value of the **VEHICLE** at the time of the current repair.

6) Manufacturer's Warranty:

If any part is repaired and/or replaced under the manufacturer's warranty covering the **VEHICLE**, and those same parts are listed in the **SCHEDULE OF COVERAGES** document of this **AGREEMENT**, **WE** will reimburse **YOU** for a portion of the manufacturer's deductible if the manufacturer's deductible exceeds the **DEDUCTIBLE** shown on the **DECLARATION PAGE**. The amount **WE** reimburse will be the actual amount **YOU** were required to pay under the terms of the manufacturer's warranty, less the **DEDUCTIBLE** (if any) shown on the **DECLARATION PAGE**.

7) Territory:

The benefits provided under this **AGREEMENT** are only available for losses and expenses incurred within the United States and Canada.

8) Incidental and Consequential Damage:

OUR and the **ADMINISTRATOR'S** liability for incidental and consequential damages is expressly excluded herein. Incidental and consequential damage is including, but not limited to, property damage, loss of use of the **VEHICLE**, loss of time, inconvenience, or commercial loss resulting from the operation, maintenance and/or use of the **VEHICLE**.

9) Subrogation Provision:

In the event that coverage is provided under this **AGREEMENT**, **WE** shall be subrogated to all the rights **YOU** may have to recover against any person or organization arising out of any safety defect which is the subject of a voluntary or mandatory recall campaign, as well as out of any order, judgment, consent decree, or other settlement, and **YOU** shall execute and deliver

instruments and papers and do whatever is necessary to secure such rights. **YOU** agree to do nothing to prejudice those rights. Further, all amounts recovered by **YOU** for which **YOU** have received benefits under this **AGREEMENT** will belong to, and be paid to **US**, up to the amount of benefits paid under this **AGREEMENT**.

10) Maintenance Requirements and Service History:

YOU must have **YOUR VEHICLE** checked and serviced in accordance with the manufacturer's recommendations, as outlined in the Owner's Manual for **YOUR VEHICLE**.

Note: **YOUR** Owner's Manual lists different servicing recommendations based on **YOUR** individual driving habits and climate conditions. **YOU** are required to follow the normal or severe maintenance schedule that applies to **YOUR** conditions. Failure to follow the manufacturer's recommendations that apply to **YOUR** specific conditions may result in the denial of coverage. It is required that **YOU** retain "Proof" of maintenance for the service and/or repair work performed on **YOUR VEHICLE**, regardless if work was performed by **YOU** or a licensed **REPAIR FACILITY**. "Proof" means repair orders from a licensed **REPAIR FACILITY** and/or a self-maintained maintenance log that has corresponding "purchase receipts" for oil and filter, coolant and brake system flush, etc. A self-maintained log without corresponding "purchase receipts" is not acceptable "Proof" of maintenance. Repair orders from a licensed **REPAIR FACILITY** must be readable and understandable, with customer complaint and repair diagnosis, parts, labor hours, **VEHICLE** Identification Number, date, **VEHICLE** mileage, **YOUR** name and signature, licensed **REPAIR FACILITY** name, address and phone number, repair totals, **DEDUCTIBLE(S)** (if applicable), and method of payment to satisfy the repair order. The **ADMINISTRATOR** may request "Proof" of maintenance and/or **YOUR** self-maintained log with corresponding original receipts for related repairs. If **YOUR VEHICLE** is equipped with **ACCESSIBILITY EQUIPMENT**, **YOU** must perform required maintenance as specified by the **ACCESSIBILITY EQUIPMENT** Manufacturer. Maintenance must be performed by a licensed **ACCESSIBILITY EQUIPMENT** facility.

11) Other Provisions:

- a) This **AGREEMENT** is not an insurance policy. Unless otherwise regulated under state law, the contents under this **VEHICLE SERVICE AGREEMENT** should be interpreted and understood within the meaning of a "service contract" in Public Law #93-637. However, **OUR** obligations under this **AGREEMENT** are insured by a policy of insurance issued by American Bankers Insurance Company of Florida, 11222 Quail Roost Drive, Miami, FL 33157. If **WE** fail to perform or make payment under the terms of the **AGREEMENT** within sixty (60) days after **YOU** request performance or payment, **YOU** may apply directly to American Bankers Insurance Company of Florida. Please call 1-866-306-6694 for instructions.
- b) Proof of payment to **US** shall be considered proof of payment to American Bankers Insurance Company of Florida, issuer of the insurance policy that insures **OUR** obligation.
- c) This **AGREEMENT** is not renewable.

1) IF THE VEHICLE INCURS A BREAKDOWN, YOU MUST TAKE THE FOLLOWING STEPS TO FILE A CLAIM:

- a) **Prevent Further Damage:**
Take immediate action. This **AGREEMENT** will not cover the damage caused by not securing a timely repair of the failed component.
- b) **Take Vehicle to an approved Repair Facility:**
In the event of a **Breakdown**, take the **VEHICLE** to an approved **REPAIR FACILITY** and provide the **REPAIR FACILITY** with a copy of this **AGREEMENT** and/or the **AGREEMENT** Number.
- c) **Obtain Prior Authorization from the ADMINISTRATOR:**
Prior to any repair being made, instruct the **REPAIR FACILITY** to contact the **ADMINISTRATOR** to obtain authorization for the **CLAIM** and a Claim Authorization Number. The **ADMINISTRATOR** hours are 8 am to 8 pm Eastern Time, Monday through Friday. It is **YOUR** responsibility to ensure that authorization has been obtained for any covered repair prior to the work being completed. Failure to obtain proper authorization may result in a denial of benefits. The amount authorized by the **ADMINISTRATOR** is the maximum that will be paid for the repairs covered under the terms of this **AGREEMENT**. Any additional repair costs must receive prior approval. For authorization, please call the **ADMINISTRATOR'S** claims number 1-877-EVPUSAA (1-877-387-8722).
- d) **Review Coverage:**
After the **ADMINISTRATOR** has been contacted, review with the **REPAIR FACILITY** what will be covered by this **AGREEMENT** and what portions of the repair (if any) will not be covered.
- e) **Tear-Down and/or Inspection of the Vehicle:**
In some cases, **YOU** may need to authorize the **REPAIR FACILITY** to inspect and/or tear-down the **VEHICLE** in order to diagnose the failure and the cost of the repair. In such event, the **ADMINISTRATOR** should be provided with a copy of a signed authorization. **YOU** will be responsible for these charges if the failure is not covered under this **AGREEMENT**. **WE** reserve the right to require an inspection of the **VEHICLE** prior to any repair being performed.
- f) **Authorize Repair:**
Authorize the **REPAIR FACILITY** to complete the repairs and provide the **ADMINISTRATOR** with a copy of a signed authorization.
- g) **Review Repair:**
Review the work performed on the **VEHICLE** with the **REPAIR FACILITY** when the **VEHICLE** is picked up.
- h) **Pay Deductible and Costs for Non-Covered Repairs:**
WE will reimburse the **REPAIR FACILITY** or **YOU** for the cost of the work performed on the **VEHICLE** that is covered by this **AGREEMENT** for the previously authorized amount, less any applicable **DEDUCTIBLE**. **YOU** must pay for any repair or service that is not covered by this **AGREEMENT**. **WE** will pay the **REPAIR FACILITY** by charge card, the previously authorized amount for a covered repair. In some cases, it may be necessary for **YOU** to pay the repair bill in full. In such event, **WE** will reimburse **YOU** for the authorized cost of the repair, less any applicable **DEDUCTIBLE**.

- i) **Submit Repair Orders for Payment:**
Once authorization is obtained and the repair is completed, all repair orders and documentation must be submitted to the **ADMINISTRATOR**, at the address shown below, within sixty (60) days from the date the covered repair was completed to be eligible for payment. The documentation should include the following: current odometer mileage; **AGREEMENT** number; complaint, cause of failure and corrective action; cost of the repair; part numbers, part pricing, the labor involved in the repair, **YOUR** name, **YOUR** signature, **REPAIR FACILITY'S** address, phone number, date of repairs, the last eight (8) digits of the **VEHICLE** Identification Number; and **YOUR** phone number.
- j) **Emergency Repairs:**
If an emergency occurs which requires a **BREAKDOWN** repair to be made at a time when the **ADMINISTRATOR'S** office is closed and prior authorization for the repair cannot be obtained, **YOU** should follow the **CLAIMS** procedures above and contact the **ADMINISTRATOR** for **CLAIMS** instructions during normal business hours immediately following the emergency repair.
- k) **Extension of Expiration Date:**
If the **VEHICLE** is in a **REPAIR FACILITY** at the time of the **AGREEMENT'S** expiration, the expiration date will automatically be extended until the covered repair is completed. However, the **REPAIR FACILITY** must call the **ADMINISTRATOR** **PRIOR** to the expiration date and report all of the concern(s).

2) YOU MUST TAKE THE FOLLOWING STEPS TO FILE A CLAIM FOR ADDITIONAL BENEFITS DESCRIBED IN YOUR SCHEDULE OF COVERAGES DOCUMENT:

- a) **Authorization from the Administrator:**
Prior authorization from the **ADMINISTRATOR** is not required for a **CLAIM** made for any of the Additional Benefits listed in the **SCHEDULE OF COVERAGES** document, **except a CLAIM for Substitute Transportation**. For authorization, please call the **ADMINISTRATOR'S** claims number **1-877-EVPUSAA (1-877-387-8722)**
- b) **Submit Paid Receipts to the Administrator:**
A paid receipt from a licensed agency/facility must be submitted along with **YOUR AGREEMENT** Number and the odometer mileage of the **VEHICLE** on the date the service was provided, to the **ADMINISTRATOR**, at the address shown below, within sixty (60) days from the date of the covered service or repair to be eligible for payment.

ADMINISTRATOR:
P.O. Box 20949
St. Petersburg, FL 33742
ATTN: Claims Department
Toll-Free Number: 1-877-EVPUSAA (1-877-387-8722)

3) YOU MUST TAKE THE FOLLOWING STEPS TO FILE A CLAIM FOR THE 24-HOUR ROADSIDE ASSISTANCE BENEFITS DESCRIBED IN THE SCHEDULE OF COVERAGES DOCUMENT:

- a) **Prior Authorization:**
Prior authorization is required for a **CLAIM** made for any of the 24-Hour Roadside Assistance Benefits listed in the **SCHEDULE OF COVERAGES** document. Please call the Roadside Assistance Administrator at the 24-hour toll-free number **1-866-375-5374** to obtain authorization and an Authorization Number. Please have the following items ready when the call is placed:
 1. **AGREEMENT** Number;
 2. **VEHICLE** license plate number;
 3. Location of **VEHICLE**;
 4. Phone number calling from;
 5. Brief description of the problem; and
 6. Current odometer mileage.
- b) **Pay Costs That Exceed the Available Benefit:**
YOU must sign a vendor invoice and pay any costs that exceed the amount of the Roadside Assistance Benefits at the time service is rendered.
- c) **Submit Paid Receipts:**
In certain cases, **YOU** may be authorized to arrange for a service provider to perform the roadside service. In such case, **YOU** must pay the service provider, in full, at the time service is rendered. To obtain reimbursement, **YOU** must submit the following items to the **ADMINISTRATOR**, at the address shown above, within sixty (60) days from the date of the service to be eligible for payment:
 1. **AGREEMENT** Number;
 2. Valid receipt from the service provider;
 3. Authorization Number;
 4. Valid Vehicle Identification Number; and
 5. Odometer mileage on the date service was provided.

Nation Motor Club
800 Yamato Rd, Suite 100,
Boca Raton, FL 33431
24-Hour Toll-Free Telephone Number: 1-866-375-5374
Producer Code 47357, Plan Letters AB

Note: The 24-Hour Roadside Assistance Benefits are provided through Nation Motor Club, Inc. in all states except for AZ, HI, LA, MA, NE, TN, TX and WA, where benefits are provided by Nation Motor Club, Inc. dba Nation Safe Drivers. For all companies mentioned the administrative offices are located at 800 Yamato Road, Suite 100, Boca Raton, FL 33431, and their toll-free phone number is **1-866-375-5374**.

REPAIR FACILITY'S GUIDE TO FILING A CLAIM

IF THE VEHICLE INCURS A BREAKDOWN, THE REPAIR FACILITY SHOULD TAKE THE FOLLOWING STEPS TO FILE A CLAIM:

- 1) **Advise Agreement Holder:**
Advise the Agreement Holder that the cost of evaluating the cause of the **BREAKDOWN** is covered under this **AGREEMENT** only if, after the diagnosis is complete, it is determined that the **BREAKDOWN** was caused by a **COVERED PART**. All covered repairs provided under this **AGREEMENT** must be authorized by the **ADMINISTRATOR**.

2) **Authorization for Evaluation from the Agreement Holder:**
Obtain authorization from the Agreement Holder to inspect and/or tear-down the **VEHICLE**, if necessary, to determine the cause of the failure of the component or part and cost of repair. Save all components including fluids and filters, in the event **WE** require an inspection. Inform the **AGREEMENT** holder that the cost of tear-down will not be paid if the failure of the component disassembled is not covered under this **AGREEMENT**.

3) **Assess the Problem(s):**
Assess the problem(s), the cause, the resolution of the failure, and the cost of the repairs.

4) **Obtain Authorization from the Administrator:**
Prior to any repair being made, contact the **ADMINISTRATOR** at **1-877-EVPUSAA (1-877-387-8722)** to obtain authorization for the **CLAIM**. Please have the following items ready when the call is placed:

- a. Current odometer mileage;
- b. Agreement Holder's **AGREEMENT** Number;
- c. Complaint, cause of failure and corrective action;
- d. Cost of the repair;
- e. Part numbers and part pricing;
- f. Labor involved in the repair;
- g. Date of repairs;
- h. **REPAIR FACILITY'S** address and phone number;
- i. The last eight (8) digits of the **VEHICLE** Identification Number; and
- j. The Agreement Holder's name, signature, and current phone number.

5) **Verification of Coverage:**
The **ADMINISTRATOR** will verify coverage and will either:

- a. **Authorize the CLAIM** - If the **CLAIM** is approved, a Claim Authorization Number will be issued, which should be recorded on the repair order. The authorization amount is the maximum that will be paid. Any additional repair costs must receive prior approval.
- b. **Request Additional Evaluation** - Further evaluation, tear-down or outside inspection may be requested.

6) **Inspection/Tear-Down Policy:**
WE reserve the right to require an inspection of the **VEHICLE** prior to any repair being accomplished. Diagnostic procedures not associated with the tear-down are not covered. If a tear-down is necessary in order to determine the cause of failure, the Agreement Holder must authorize the tear-down. Please advise the Agreement Holder that, if the component disassembled is not covered, then the Agreement Holder must pay for the tear-down and such payment will not be reimbursed by **US**. Listed below is the Inspection/Tear-Down Policy:

- a. Save all components, including fluids and filters that need to be repaired.
- b. The **ADMINISTRATOR** will arrange for inspection.
- c. If not visited within 48-hours, call Customer Service at **1-877-EVPUSAA (1-877-387-8722)**.

7) **Review Repairs with Agreement Holder:**
After the **ADMINISTRATOR** has been contacted, review with the Agreement Holder what repairs will be covered by this **AGREEMENT** and what portions of the repairs, if any, will not be covered.

8) **Obtain Authorization for Repairs from Agreement Holder:**
Obtain the Agreement Holder's authorization to complete the repairs. All repair orders must have the Agreement Holder's signature.

9) **Submit Repair Order for Payment:**
All repair orders and documentation containing the information listed under #4 of this section, must be submitted, along with the Claim Authorization Number, to the **ADMINISTRATOR**, at the address shown below, within sixty (60) days from the date the covered repair was completed to be eligible for payment. Payment will be made by charge card or check.

ADMINISTRATOR:

P.O. Box 20949

St. Petersburg, FL 33742

ATTN: Claims Department

Toll-Free Number: 1-877-EVPUSAA (1-877-387-8722)

ARBITRATION PROVISION

Read The Following Arbitration Provision Carefully. It Limits Certain Rights, Including YOUR Right To Obtain Relief or Damages Through Court Action.

To begin arbitration, either **YOU** or **WE** must make a written demand to the other party for arbitration. The arbitration will take place before a single arbitrator. It will be administered in keeping with the Expedited Procedures of the Commercial Arbitration Rules ("Rules") of the American Arbitration Association ("AAA") in effect when the claim is filed. **YOU** may get a copy of these AAA's Rules by contacting AAA at 1633 Broadway, 10th Floor, New York, NY 10019, calling 1-800-778-7879 or visiting www.adr.org. The filing fees to begin and carry out arbitration will be shared equally between **YOU** and **US**. This does not prohibit the arbitrator from giving the winning party their fees and expenses of the arbitration. Unless **YOU** and **WE** agree, the arbitration will take place in the county and state where **YOU** live. The Federal Arbitration Act, 9 U.S.C. § 1, et seq., will govern and not any state law on arbitration. **YOU AGREE AND UNDERSTAND THAT this Arbitration Provision means that YOU give up YOUR right to go to court on any claim covered by this provision. YOU** also agree that any arbitration proceeding will only consider **YOUR** claims. Claims by, or on behalf of, other individuals will not be arbitrated in any proceeding that is considering **YOUR** claims. Please refer to the **SPECIAL STATE DISCLOSURES** document of this **AGREEMENT** for any added requirements in **YOUR** State. In the event this Arbitration Provision is not approved by the appropriate state regulatory agency, and/or is stricken, severed, or otherwise deemed unenforceable by a court of competent jurisdiction, **YOU** and **WE** specifically agree to waive and forever give up the right to a trial by jury. Instead, in the event any litigation arises between **YOU** and **US**, any such lawsuit will be tried before a judge, and a jury will not be impaneled or struck.

CANCELLATION OF YOUR AGREEMENT

1) **YOU** may cancel this **AGREEMENT** at any time, including when a loss of the **VEHICLE** occurs or when **YOU** sell the **VEHICLE** without transfer of this **AGREEMENT**. To cancel, please contact the **ADMINISTRATOR** at the phone number listed below. An odometer statement indicating the odometer reading at the date of the request for cancellation will be required. If **YOU** cancel this **AGREEMENT** within the first sixty (60) days, **YOU** will be refunded the **AGREEMENT** Purchase Price. If this **AGREEMENT** is canceled after the first sixty (60) days, **YOU** will be refunded the unearned **AGREEMENT** Purchase Price calculated on a pro rata basis. The refund will be equal to the

lesser amount produced using either the number of days the **AGREEMENT** was in force or the number of miles the **VEHICLE** was driven by **YOU** prior to cancellation. In the event of cancellation, and the **AGREEMENT** is financed as a part of the **LIENHOLDER'S VEHICLE** finance agreement with **YOU**, the **LIENHOLDER** will be named on a cancellation refund check as its interest may appear.

- 2) **WE** may cancel this **AGREEMENT** based on one or more of the following reasons: (A) non-payment of the **AGREEMENT** Purchase Price; (B) a material misrepresentation made by **YOU**; (C) a substantial breach of duties by **YOU** under the **AGREEMENT** relating to the **VEHICLE** or its use; (D) **YOUR** Limits of Liability has reached the Black Book retail value of the **VEHICLE**; or (E) **YOUR VEHICLE** does not have a valid manufacturer VIN. If this **AGREEMENT** is canceled by **US**, **WE** will refund the unearned **AGREEMENT** Purchase Price to **YOU** calculated on a pro rata basis. The refund will be equal to the lesser amount produced using either the number of days the **AGREEMENT** was in force or the number of miles the **VEHICLE** was driven by **YOU** prior to cancellation. In the event of cancellation, and the **AGREEMENT** is financed as a part of the **LIENHOLDER'S VEHICLE** finance agreement with **YOU**, the **LIENHOLDER** will be named on a cancellation refund check as its interest may appear. A written notice of cancellation will be mailed within fifteen (15) days of the date of cancellation.
- 3) If the **VEHICLE** and this **AGREEMENT** have been financed, the **LIENHOLDER** may cancel this **AGREEMENT** for non-payment or if the **VEHICLE** is declared a total loss or is repossessed.

ADMINISTRATOR:

P.O. Box 20949

St. Petersburg, FL 33742

Toll-Free Number: 1-877-EVPUSAA (1-877-387-8722)

RIGHT TO RETURN AGREEMENT

YOU have the right to return or void this **AGREEMENT**. **YOU** may return the **AGREEMENT** within sixty (60) calendar days after the date **YOU** receive this **AGREEMENT**. If **YOU** return this **AGREEMENT** within the applicable time period, the **AGREEMENT** shall be void and **WE** will refund the **AGREEMENT** Purchase Price within thirty (30) days. A ten percent (10%) penalty per month shall be added to a refund that is not paid or credited within thirty (30) days after return of this **AGREEMENT** to **US**. This provision applies only to the original purchaser.

TRANSFER OF YOUR AGREEMENT

This **AGREEMENT** is for **YOUR** benefit and is transferable to the next subsequent private purchaser of the **VEHICLE** only while the **AGREEMENT** is in force and if certain conditions are met. **YOU** may not transfer this **AGREEMENT** if the **VEHICLE** is sold or traded (retail or wholesale) to an automobile dealer or automotive wholesaler.

A completed transfer application and a forty dollar (\$40) transfer fee must be submitted to the **ADMINISTRATOR** within thirty (30) days of a change in ownership, along with the following:

1. Documentation showing change of title and odometer reading;
2. Name and address of the new owner.

The requisite transfer form may be obtained from the **ADMINISTRATOR**. Transfer applications are subject to approval by the **ADMINISTRATOR**. In the event the transfer application and required documentation is postmarked after thirty (30) days of the change in ownership, then this **AGREEMENT** will be deemed **NON-TRANSFERABLE**.

TRANSFER OF MANUFACTURER'S WARRANTY

YOU are responsible for the transfer and payment of applicable transfer fees to retain all manufacturers' warranties available on the **VEHICLE**. Failure to transfer the manufacturer's warranty can result in non-payment of a **CLAIM** if the manufacturer's warranty would normally have been in effect if the transfer had been made.

EXCLUSIONS FROM COVERAGE

THIS AGREEMENT DOES NOT PROVIDE COVERAGE FOR ANY OF THE FOLLOWING PARTS, SERVICES, AND CONDITIONS:

- 1) Voice recognition systems. Brake pads, shoes, rotors and drums. Manual and hydraulic clutch assembly such as, but not limited to: manual clutch pedal, clutch disc, pressure plate and throw-out bearing. Tune up, battery cables, air, fuel and oil filters. Freon, coolants, fluids, and alignments, unless in conjunction with a covered repair. Spark plugs, plug wires, glow plugs, serpentine belts, drive belts, rubber hoses, exhaust pipes, mufflers, catalytic converter, resonator, EGR valve and solenoid, shock absorbers. Wheels, tires, covers, wheel balancing. Contamination of any kind, corrosion, rust, hazardous waste removal, detonation, pre-ignition, carbon build up, sludge, electrolysis. Any components whose sole purpose is for illumination including, but not limited to: sealed beams, high-intensity discharge (Xenon) headlamps, LEDs and light bulbs. Lenses. Inside or outside mirrors. Ultracapacitors, secondary or back-up batteries, battery packs for Hybrid **VEHICLES**, remote transmitter/receiver batteries for **ACCESSIBILITY EQUIPPED VEHICLES**. Any **ACCESSIBILITY** components not specifically listed as covered. All phones including car and smartphones, tablets, or any other device connecting to the **VEHICLE**. Headphones, remote controls and batteries, key fobs. Any body component such as, but not limited to: frame, bright metal parts, body panels, hood, trunk, rubber moldings, weather strips, metal, all glass, plastic trim. Windshield wipers, wiper blades, and arms. Paint matching. Upholstery, seats, seat pads, vinyl top, carpet, cup holders. Normal maintenance items or services. Rattles, water leaks, wind noises. Any non factory installed components. Convertible top and assembly (with exception to the convertible top motors). Safety restraint systems (air bags or seat belts) or any part thereof. Infrared systems or any part thereof. Perimeter warning systems or any part thereof. Charges for shop supplies, storage, shipping, or freight charges. Software updates and programming. Discs, monthly subscriptions of any kind, any data charges. Retrofitting due to unavailability of parts; or
- 2) **For repair cost or expenses:**
 - a) For any mechanical problems that existed prior to the purchase of the **AGREEMENT**; or for repair costs or expenses reported or made after the expiration date or mileage as shown on the **AGREEMENT** Declaration Page, or not authorized by the **ADMINISTRATOR**;
 - b) If the odometer of the **VEHICLE** is broken or becomes inoperable or unreliable for any reason and repairs were not made immediately at the time of the failure, or if the odometer has been tampered with, disconnected or altered in any way;
 - c) If the **VEHICLE** is used for towing (unless the Agreement Holder's **VEHICLE** is equipped with the manufacturer's installed or manufacturer authorized tow package and does not exceed the manufacturer recommended gross combination weight rating (GCWR)), or is used as a **COMMERCIAL USE VEHICLE**;

- d) If the Agreement Holder cannot provide to the **ADMINISTRATOR** accurate records proving that the **VEHICLE** or **ACCESSIBILITY EQUIPMENT** has been maintained in accordance with the manufacturer's specifications and instructions, or if any mechanical, electrical alternations have been made to the **VEHICLE**, including, but not limited to, the use of oversized tires, installation of header pipes or lift kits, and removal of any emission control system components; or damage caused to **ACCESSIBILITY EQUIPMENT** if the equipment is improperly or temporarily installed; or damage caused by **ACCESSIBILITY EQUIPMENT** if equipment is improperly or temporarily installed;
 - e) If repairs are still covered by the manufacturer's warranty or covered by a recall or special policy by the manufacturer; regardless whether or not that entity is doing business as an ongoing enterprise;
 - f) If repair costs acquired outside of the United States or Canada or if the **VEHICLE** is registered outside of the United States or Canada;
 - g) If the **VEHICLE** or **ACCESSIBILITY EQUIPMENT** has been abused or neglected, or any part of the **VEHICLE** or **ACCESSIBILITY EQUIPMENT** has been subject to accident, physical damage, adjustments, or alteration (unless otherwise stated), or for any accidental loss or damage resulting from collision or upset, falling missiles or objects, environmental damage including but not limited to fire, lightning, earthquake, windstorm, ice, hail, water, flood; contamination, corrosion, rust, malicious mischief, vandalism, riot or civil commotion, war (declared or undeclared), civil war, terrorism, or if the **VEHICLE** is a total loss, salvaged or branded;
 - h) Due to any **BREAKDOWN**, which is caused by any repair when the purpose is to raise the **VEHICLE** engine's compression or to stop excessive oil consumption;
 - i) To any part that has not suffered a **BREAKDOWN**, or if the wear on the part has not exceeded the published field tolerance allowed by the manufacturer; or for repair costs not necessary to correct a **BREAKDOWN**, or damages or any loss resulting from faulty or negligent auto repair work or from the installation of defective components;
 - j) Due to any **BREAKDOWN** caused by the Agreement Holder's failure to protect the **VEHICLE** or **ACCESSIBILITY EQUIPMENT** from further damage, including but not limited to failure to replace leaking seals and/or gaskets; improper use of **VEHICLE** or parts; or by the failure of the Agreement Holder to maintain proper qualities or levels of coolant and lubricants;
 - k) From any other cause whatsoever, except as outlined in this **AGREEMENT**; or
- 3) For liabilities for damage to property or for injury to or death of any person arising out of the operation, repair, maintenance or use of the **VEHICLE** or **ACCESSIBILITY EQUIPMENT**, whether or not related to any covered components, or for consequential losses or damage (unless in connection with coverage as described in the Agreement Holder's **PLAN** coverage) including but not limited to, property damage, loss of use of the **VEHICLE**, loss of time, inconvenience, or commercial loss resulting from the operation, maintenance and/or use of the **VEHICLE**, unless specifically covered herein.