



THE VIKING PROTECTION PLAN
Travel Trailer - Camper/Slide-In - Toy Hauler
Service Agreement Declaration Page

SERVICE AGREEMENT NUMBER

SERVICE AGREEMENT HOLDER INFORMATION

FIRST NAME	LAST NAME	MI	TELEPHONE NUMBER
ADDRESS	CITY	STATE	ZIP CODE

UNIT DESCRIPTION

<input type="checkbox"/> TRAVEL TRAILER/FIFTH WHEEL <input type="checkbox"/> POP-UP/SLIDE-IN CAMPER <input type="checkbox"/> TOY HAULER			
YEAR	MAKE	MODEL	ORIGINAL OWNER <input type="checkbox"/> Yes <input type="checkbox"/> No
UNIT VIN	IN-SERVICE DATE	MANF WARRANTY TERM	UNIT PURCHASE DATE UNIT PURCHASE PRICE \$

PLAN INFORMATION

AGREEMENT PURCHASE DATE	AGREEMENT EXPIRATION DATE	AGREEMENT TERM (MONTHS)	AGREEMENT PURCHASE PRICE \$	PAYMENT PLAN <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> NEW UNIT PLAN <input type="checkbox"/> PRE-OWNED UNIT PLAN		<input type="checkbox"/> Maximum Coverage <input type="checkbox"/> Premium Coverage	RATE CLASS	BASE CODE

DEDUCTIBLE (PER CLAIM)

\$100.00 (Standard)
 \$50.00
 \$200.00
 \$500.00
 Other _____

SURCHARGES AND OPTIONAL COVERAGE

REQUIRED SURCHARGES	OPTIONAL COVERAGE AND SURCHARGES
<input type="checkbox"/> UNIT Age (PRE-OWNED UNITS)	<input type="checkbox"/> Brown Out Coverage <input type="checkbox"/> Consequential Loss Coverage <input type="checkbox"/> COMMERCIAL USE (NEW UNIT Only)

DEALER/LIENHOLDER INFORMATION

DEALER NAME	DEALER NUMBER	F&I DEALER NUMBER
ADDRESS	CITY	STATE
LIENHOLDER NAME	ZIP CODE	DEALER TELEPHONE NUMBER
ADDRESS	CITY	STATE
LIENHOLDER TELEPHONE NUMBER	ZIP CODE	

OTHER PROVISIONS

This SERVICE AGREEMENT is not an insurance contract. Unless otherwise regulated under state law, the contents of this **SERVICE AGREEMENT** should be interpreted and understood within the meaning of a "service contract" in Public Law #93-637.

If this **SERVICE AGREEMENT** has been financed, the Lienholder shall be entitled to any refunds resulting from the cancellation of this **SERVICE AGREEMENT** for whatever reason. This would include cancellation for nonpayment, repossession of the **UNIT**, or total loss of the **UNIT**.

The **OBLIGOR** under this **SERVICE AGREEMENT** referred to as "**WE**", "**US**", and "**OUR**" throughout is United Service Protection Corp., P.O. Box 21647, St. Petersburg, Florida 33742. The telephone number is **1-800-283-0785**. The definition of "**ADMINISTRATOR**" used through the **SERVICE AGREEMENT** is defined as Preferred Administrators, the address and telephone number for which are located at the top of this **SERVICE AGREEMENT**. The **ADMINISTRATOR** Registration number for Preferred Administrators is 110. 24-Hour Roadside Assistance Service benefits provided through Nation Motor Club, Inc., dba Nation Safe Drivers administrative offices at 800 Yamato Road, Suite 100, Boca Raton, FL 33431.

This **AGREEMENT** is not renewable. Performance to **YOU** under this **AGREEMENT** is guaranteed by a California approved insurance company. **YOU** may file a **CLAIM** with this insurance company if any promise made in the **AGREEMENT** has been denied or has not been honored within sixty (60) days after **YOUR** request. The name and address of the insurance company is: American Bankers Insurance Company of Florida, 11222 Quail Roast Drive, Miami, FL 33157, **1-866-306-6694**. If **YOU** are not satisfied with the insurance company's response, **YOU** may contact the California Department of Insurance at **1-800-927-4357**.

The California Provider License Number for United Service Protection Corp. is **0D01816**.

To review the General Privacy Policy of United Service Protection Corporation, an Assurant Solutions company, please visit <http://www.assurantsolutions.com/pri-privacy-notice-t4l.html>.

SIGNATURES FOR SERVICE AGREEMENT

SERVICE AGREEMENT HOLDER'S SIGNATURE	DATE	DEALER AUTHORIZED SIGNATURE	DATE
X		X	

TERMS AND CONDITIONS

NOTICE TO SERVICE AGREEMENT HOLDER

1. This **SERVICE AGREEMENT** is not a contract of Insurance.
2. This **SERVICE AGREEMENT** is not valid unless the **DECLARATION PAGE** is filled out completely.
3. Purchase of this **SERVICE AGREEMENT** is not required in order to purchase or obtain financing for a **UNIT**.
4. If the term of this **SERVICE AGREEMENT** overlaps with the term of **YOUR** manufacturer's warranty, look first to **YOUR** manufacturer's warranty for coverage. This **SERVICE 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.
5. The **OBLIGOR** shall have no liability for anything other than the obligations delineated in this **SERVICE AGREEMENT**.

ADMINISTRATOR:
Preferred Administrators
P.O. Box 26830, Austin, TX 78755
1-877-565-0816

Note: The 24-Hour Roadside Benefits are provided through Nation Motor Club, Inc. dba Nation Safe Drivers, 800 Yamato Road, Suite 100, Boca Raton, FL 33431. For assistance call: 1-855-216-6422 - Producer: 24275 - Plan: CJ.

DEFINITIONS

The following definitions apply to words used frequently throughout this **SERVICE AGREEMENT**. These definitions are in **BOLD-FACED, SMALL CAPS** type:

1. **ADMINISTRATOR** - The entity identified on the **DECLARATION PAGE** that administers this **SERVICE AGREEMENT** on **OUR** behalf.
2. **BREAKDOWN** - The failure of a **COVERED PART** to perform the function for which it was designed under normal service and usage of the **UNIT** due solely to a defect in materials or workmanship as originally manufactured.
3. **CLAIM** - A demand by **YOU** for benefits under this **SERVICE AGREEMENT**.
4. **COMMERCIAL USE** - Any **UNIT**, regardless of registration type, used solely or partially for the generation of income.
5. **COVERED PARTS** - The parts listed in the Schedule of Coverages section of this **SERVICE AGREEMENT** for the **PLAN** selected.
6. **DECLARATION PAGE** - The numbered document executed by **YOU** which must be attached to this **SERVICE AGREEMENT**. It lists information regarding the **UNIT** to be covered, **SERVICE AGREEMENT** Terms and Conditions, and other vital information.
7. **DEDUCTIBLE** - The amount **YOU** are required to pay, as shown on the **DECLARATION PAGE**, toward the total cost for the repair or replacement of **COVERED PARTS** per **CLAIM** made.
8. **IN-SERVICE DATE** - The date on which the **UNIT** was first purchased by the original owner, if known. For **UNITS** for which that original purchase date is not known, it shall be July 1st of the **UNIT** model year.
9. **OBLIGOR** - The entity identified on the **DECLARATION PAGE** obligated to perform under this **SERVICE AGREEMENT**.
10. **PLAN** - Refers to the **PLAN** selected and **TERM** selected by **YOU** as shown on the **DECLARATION PAGE** of this **SERVICE AGREEMENT**.
11. **REPAIR FACILITY** - Any licensed **REPAIR FACILITY** authorized by the **ADMINISTRATOR** to perform repair services under this **SERVICE AGREEMENT**.
12. **SERVICE AGREEMENT** (the "**AGREEMENT**") - This **AGREEMENT**, which **YOU** have purchased for the **UNIT** described on the **DECLARATION PAGE**.
13. **UNIT** - The Travel Trailer, Pop Up/Slide-In Camper or Toy Hauler described on the **DECLARATION PAGE** that is covered under this **AGREEMENT**.
 - a. **NEW UNIT** - Means a **UNIT** that is covered by the manufacturer's full coverage **NEW UNIT** warranty at the time this **AGREEMENT** is purchased and does not refer to whether or not the **NEW UNIT** has been previously owned, sold or titled.
 - b. **PRE-OWNED UNIT** - Means a **UNIT** that does not meet the definition of a **NEW UNIT** and does not refer to whether or not the **PRE-OWNED UNIT** has been previously owned, sold, or titled.
14. **WE, US AND OUR** - The entity identified on the **DECLARATION PAGE** that is obligated to perform under this **AGREEMENT**.
15. **YOU, YOUR** - The **AGREEMENT** Holder shown on the **DECLARATION PAGE** of this **AGREEMENT**.

GENERAL PROVISIONS

1. **Purchase Requirements: AGREEMENTS** for **PRE-OWNED UNITS** must be purchased at the time of sale of the **UNIT** to **YOU**.
2. **AGREEMENT Term**: The expiration date of this **AGREEMENT** is determined by adding the months of the Term selected to the **AGREEMENT** Purchase Date.
3. **Coverage**: The **PLAN** selected and Term selected by **YOU** on the **DECLARATION PAGE** along with the Terms and Conditions of this **AGREEMENT** determine **YOUR** Coverage. **WE** will pay on behalf of or reimburse **YOU** for the reasonable costs to repair or replace any of the **COVERED PARTS** listed in the Schedule of Coverages section which cause a **BREAKDOWN**, less any **DEDUCTIBLE**, and will pay to **YOU** the Additional Benefits listed in the Schedule of Coverages section, provided **YOU** comply with all of the Terms and Conditions of this **AGREEMENT**. **Repairs may be completed with parts of like kind and quality**. Please see the Schedule of Coverages section for a detailed list of **COVERED PARTS** and to determine the coverage applicable to **YOUR PLAN**. All covered components must be functioning properly at the time of the sale of this **AGREEMENT**. Please refer to the Guide to Filing a Claim section of this **AGREEMENT** for **CLAIMS** instructions.
4. **DEDUCTIBLE**: **WE** will pay the portion of the expense for a covered repair that is in excess of the **DEDUCTIBLE** selected on the **DECLARATION PAGE** of this **AGREEMENT**. In the event the dealer that sold **YOU** this **AGREEMENT** performs covered repairs, the **DEDUCTIBLE** will be reduced by fifty dollars (\$50). The **DEDUCTIBLE** will not apply to the Additional Benefits listed in the Schedule of Coverages section. In the event that the same **COVERED PART** is replaced under the Term of this **AGREEMENT** and meets the definition of a **BREAKDOWN**, the **DEDUCTIBLE** will be waived notwithstanding any manufacturer warranty. Any new **COVERED PART** or repair will constitute a new **CLAIM** with the **DEDUCTIBLE** applying.
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** at prevailing retail labor rates. **Repairs may be completed with parts of like, kind and quality, commensurate with the age of the UNIT at the time the parts failed, as customarily used in the RV industry, less any DEDUCTIBLE**. Furthermore, in no event shall **OUR** liability exceed the cost necessary to correct the actual cause of the **BREAKDOWN**.
 - b. **Aggregate CLAIM Limit**: **OUR** liability with respect to the total of all benefits paid or payable while this **AGREEMENT** is in force shall not exceed the lesser of:
 - 1) Thirty Five Thousand Dollars (\$35,000.00); or
 - 2) **UNIT** Purchase Price, as shown on the **DECLARATION PAGE** of this **AGREEMENT**; or
 - 3) NADA current value of the **UNIT** immediately prior to the **BREAKDOWN**
6. **Manufacturer's Warranty**: If any part is repaired and/or replaced under the manufacturer's warranty covering the **UNIT**, and those same components are listed in the Schedule of Coverages section of this **AGREEMENT**, **WE** will reimburse **YOU** for a portion of the manufacturer's **DEDUCTIBLE** if the manufacturer's **DEDUCTIBLE** exceeds the **DEDUCTIBLE** selected, as 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** shown on the **DECLARATION PAGE**.
7. **Territory**: The benefits provided under this **AGREEMENT** are only available for losses and expenses incurred within the Continental United States of America, Alaska, Hawaii and Canada.
8. **Incidental and Consequential Damage**: **OUR** and the dealer's liability for incidental damages is expressly excluded herein. Incidental and Consequential damage includes, but is not limited to, property damage, loss of use of the **UNIT**, loss of time, inconvenience, or commercial loss resulting from the operation, maintenance and/or use of the **UNIT**.
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 a 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 what is reasonably necessary to secure such rights (and is without prejudice to **YOUR** own legal rights and privileges). **YOU** shall do nothing to prejudice those rights. Further, all amounts recovered by **YOU** for which **YOU** have received benefits under this **AGREEMENT** shall belong to, and be paid to **US**, up to the amount of benefits paid under this **AGREEMENT**.
10. **Maintenance Requirements**: In order to keep this **AGREEMENT** in effect, **YOU** must have the **UNIT** checked and serviced in accordance with the manufacturer's recommendations. Failure to follow such recommendations may result in a denial of coverage. **YOU** must retain verifiable receipts for the maintenance services performed. If **YOU** perform the actual services, then verifiable receipts showing purchases of all required parts and materials necessary to perform the maintenance must be retained, along with a statement showing the date when the services were performed. Proof of maintenance may be required to be submitted to **US** when a **CLAIM** is filed.
11. **State Taxes**: The payment of sales tax on covered repairs will be made in accordance with the regulations of the taxing authority in the state where **YOUR UNIT** is repaired.

EXCLUSIONS

THIS AGREEMENT DOES NOT PROVIDE COVERAGE FOR THE FOLLOWING:

1. FOR COSTS OR EXPENSES REPORTED OR MADE AFTER THE EXPIRATION OF THE TERM OF THIS AGREEMENT OR NOT PREVIOUSLY AUTHORIZED BY THE ADMINISTRATOR; FOR REPAIRS TO PARTS OF THE UNIT SPECIFICALLY EXCLUDED IN THIS SECTION OF THIS AGREEMENT.
2. MECHANICAL BREAKDOWNS OUTSIDE THE CONTINENTAL UNITED STATES OF AMERICA, ALASKA, HAWAII AND CANADA.
3. FOR COSTS OR EXPENSES WHILE OWNED BY YOU IF THE UNIT HAS BEEN USED FOR COMMERCIAL PURPOSES, UNLESS COMMERCIAL USE SURCHARGE IS SELECTED AND PAID, OR RACING; FOR REPAIR COSTS WHEN THE PURPOSE IS TO RAISE COMPRESSION OR CORRECT OIL CONSUMPTION WHICH INCLUDES: WORN RINGS, WORN OR BURNED VALVES; OR REPAIR EXPENSES CAUSED BY A BROWN OUT UNLESS THE SURCHARGE HAS BEEN SELECTED AND PAID.
4. FOR COSTS OR EXPENSES IF YOU CANNOT PROVIDE TO THE ADMINISTRATOR ACCURATE RECORDS PROVING THAT YOU HAVE MAINTAINED THE FAILED COVERED UNIT IN ACCORDANCE WITH THE MANUFACTURER'S SPECIFICATIONS AND INSTRUCTIONS, OR IF ANY MECHANICAL ALTERATIONS HAVE BEEN MADE BY YOU TO THE UNIT, INCLUDING, BUT NOT LIMITED TO: THE USE OF OVERSIZED TIRES; FRAME OR SUSPENSION MODIFICATIONS; OR REMOVAL OF ANY EMISSION CONTROL PARTS SYSTEM.
5. FOR COSTS OR EXPENSES IF THE REPAIR IS COVERED UNDER THE MANUFACTURER'S WARRANTY; RECALL BY THE MANUFACTURER; MANUFACTURER'S SPECIAL POLICY; ANY OTHER AGREEMENT, ANY WRITTEN WARRANTY OR ANY VALID COLLECTIBLE INSURANCE POLICY (REGARDLESS OF WHETHER OR NOT THE GUARANTOR IS DOING BUSINESS AS AN ON GOING ENTERPRISE.)
6. FOR COSTS OR EXPENSES IF THE UNIT HAS BEEN ABUSED OR NEGLECTED, OR ANY PART OF IT HAS BEEN SUBJECT TO ALTERATION OR ACCIDENT, OR FOR FAILURE TO PROPERLY OPERATE THE UNIT; OR FOR ANY LOSS OR DAMAGE RESULTING FROM ROAD HAZARDS, COLLISION OR UPSET, FALLING OBJECTS, FIRE, SMOKE, SOOT, THEFT, ARSON, EXPLOSION, LIGHTNING, EARTHQUAKE, WINDSTORM, ICE, HAIL, WATER, SUBMERSION, FLOOD, FREEZING OR ICE DAMAGE, CONTACT WITH BIRD OR ANIMAL, BREAKAGE OF GLASS, DAMAGE CAUSED BY DETONATION, PRE-IGNITION, CARBON OR SLUDGE; CONTAMINATION OF ANY NATURE (MEANS UNINTENDED PRESENCE OR INTRODUCTION OF CONTAMINANTS), DISCHARGE OF ANY NUCLEAR WEAPON, CORROSION, RUST, ELECTROLYSIS, DETERIORATION, CONDENSATION, REVERSE POLARITY, FAILURE OR LOOSENING OF EXTERNAL FASTENERS OR BOLTS; MALICIOUS MISCHIEF, VANDALISM, RIOT OR CIVIL COMMOTION, WAR (DECLARED OR UNDECLARED), CIVIL WAR, INSURRECTION, REBELLION, OR REVOLUTION; OR IF THE UNIT IS A TOTAL LOSS, HAS BEEN REPOSSESSED OR IS THE SUBJECT OF A REPOSSESSION ACTION, OR FROM ANY OTHER CAUSE WHATSOEVER, EXCEPT AS OUTLINED IN THIS AGREEMENT.
7. FOR LIABILITIES FOR DAMAGE TO PROPERTY OR FOR INJURY TO OR FOR LIABILITIES FOR NON INTENTIONAL ACTS CAUSING DEATH OF ANY PERSON ARISING OUT OF THE OPERATION, REPAIR, MAINTENANCE OR USE OF THE UNIT, WHETHER OR NOT RELATED TO ANY COVERED PART, OR FOR CONSEQUENTIAL LOSSES OR DAMAGE, UNLESS SPECIFICALLY COVERED HEREIN.
8. FOR ANY MECHANICAL PROBLEMS THAT EXISTED PRIOR TO THE PURCHASE OF THIS AGREEMENT OR FOR REPAIR COSTS OR EXPENSES IF A BREAKDOWN IS DIRECTLY OR INDIRECTLY CAUSED BY OVERHEATING OF ANY COVERED PART OR NON-COVERED PART OR BY THE FAILURE OF THE AGREEMENT HOLDER TO MAINTAIN PROPER QUALITIES OR LEVELS OF COOLANTS, FLUIDS OR LUBRICANTS; OR DAMAGE RESULTING FROM CONTINUED OPERATION IN A FAILED CONDITION.
9. FOR REPAIRS OR REPLACEMENT TO ANY PART THAT HAS NOT SUFFERED A BREAKDOWN, OR FOR REPAIR COSTS NOT NECESSARY TO CORRECT A BREAKDOWN, OR FOR DAMAGES OR ANY LOSS RESULTING FROM FAULTY OR NEGLIGENT REPAIR WORK OR FROM THE INSTALLATION OF DEFECTIVE PARTS; OR DAMAGE CAUSED TO, OR CAUSED FROM, A NON-COVERED PART (UNLESS CONSEQUENTIAL LOSS COVERAGE SURCHARGE IS SELECTED AND PAID); OR DAMAGE TO THE VEHICLE BEING TOWED BY THE UNIT (IF ANY) REGARDLESS IF THE DAMAGE IS CAUSED BY THE FAILURE OF A COVERED PART; OR FOR RETROFITTING DUE TO UNAVAILABILITY OF PARTS;
10. FOR ANY OF THE FOLLOWING REPAIRS, SERVICES OR SUPPLIES: AWNING MATERIAL, FRAME, STRUCTURAL DAMAGE, ADJUSTMENTS, ALIGNMENTS, BEDDING, BOWED WALLS OR CEILINGS, BUMPERS, CABINERY; CABLE, SATELLITE AND TELEPHONE WIRING; CARPET, CANVAS, CAULKING OR GROUTING, CEILINGS, COSMETIC DAMAGE, DELAMINATION, DISCOLORATION OF ANY MATERIAL, COUNTERTOPS, DOORS, CARPET, FLOORING (WOOD, HARD SURFACE AND RESILIENT), FURNITURE, GLASS, GLAZING, GLUING COMPOUNDS, KNOBS OR DIALS, NON-FACTORY INSTALLED AUDIO SYSTEMS AND DISC PLAYERS, NON-FACTORY OR NON-DEALER INSTALLED COMPONENTS, HAZARDOUS WASTE REMOVAL, LOOSE FASTENERS OR CONNECTIONS, LOUVERS, MAINTENANCE SUPPLIES OR SERVICES, MICROWAVE OR OVEN MEAT PROBES OR ROTISSERIES, RACKS, SHELVES, BASKETS OR BUCKETS, ROOFING MATERIALS, SEALANTS, SHEET METAL, SIDING, SHOP SUPPLIES, SQUEAKING, WARPING OR UNEVEN FLOORS, RAMPS, TIRES AND WHEELS/COVERS, UPHOLSTERY, VANITIES, VENTS, WALLS, WASHERS, WATER LEAK REPAIRS (OTHER THAN PLUMBING), WEATHER STRIPPING, WHEEL BALANCING, WIND NOISES, RETRACTABLE SCREENS, WINDOW SHADES, TREATMENTS AND DRAPERIES, WINDOWS, WOOD FRAMING, WOODWORK AND MILLWORK.
11. FOR ANY OF THE FOLLOWING PARTS: BATTERY, BATTERY CABLES, BRAKE PADS AND SHOES, BRAKE ROTORS AND DRUMS (UNLESS IN CONNECTION WITH A COVERED PART FAILURE), BRIGHT METAL PARTS, CARBURETOR, CELLULAR PHONES, COOLANTS AND FLUIDS (UNLESS IN CONNECTION WITH A COVERED PART FAILURE), DISTRIBUTOR CAP, DISTRIBUTOR ROTOR, DRIVE BELTS, EGR VALVE, EXHAUST PIPES, CATALYTIC CONVERTER, MUFFLER, RESONATORS, FILTERS, WATER PURIFICATION FILTERS, WATER SEPARATORS, FREIGHT, GLOW PLUGS, HOSES OR LINES NOT SPECIFICALLY LISTED IN SCHEDULE OF COVERAGES SECTION, INFRARED SYSTEMS, LIGHT BULBS, SEALED BEAMS, LENSES; MANUAL CLUTCH ASSEMBLY, MANUAL CLUTCH HYDRAULICS, LINKAGE AND PEDAL, METAL OR PLASTIC TRIM, PAINT AND COSMETIC REPAIRS, PERSONAL COMPUTERS, RATTLES, RUBBER MOLDINGS, WEATHER STRIPS, SAFETY RESTRAINT SYSTEMS (AIR BAGS AND SEATBELTS), SHOCK ABSORBERS, SPARK PLUGS, SPARK PLUG WIRES, STORAGE, ENGINE THERMOSTAT, TUNE UP, WIPER ARMS AND WIPER BLADES.
12. FOR ANY COMPONENTS INCLUDED IN ANY OF THE OPTIONAL SCHEDULE OF COVERAGES SECTION UNLESS THE OPTION AND SURCHARGE HAS BEEN ELECTED ON THE DECLARATION PAGE.

TRAVEL TRAILER / FIFTH WHEEL / POP-UP/ SLIDE-IN CAMPER/TOY HAULER SCHEDULE OF COVERAGES

In the event of a **BREAKDOWN** covered by this **AGREEMENT**, **WE** will pay on behalf of or reimburse **YOU** for the agreed to costs to repair or replace any of the parts of the Components listed below, less any **DEDUCTIBLE**, in accordance with the **PLAN** selected by **YOU** as shown on the **DECLARATION PAGE** and the Terms and Conditions of this **AGREEMENT**.

PLAN COVERAGE SELECTION

Premium Coverage Components Groups 1 - 16
Maximum Coverage Components Groups 1 - 18

1. **Suspension Components** - Leaf and coil springs, shackles and bushings and rubber suspension springs.
2. **Brake Components** - Master cylinder, wheel cylinders, calipers, magnets, metal-only hydraulic tubing and metal fittings, drums and rotors (when in conjunction with a covered repair).
3. **Fresh/Waste Water System Components** - Hot water tank, burner assembly, thermostat, thermocouple, gas valve, electronic ignition assembly, PC board, diesel/electric heating system, shower assembly, toilet, sink, holding tanks, gate valves, macerator pump, water pump, water purification system, faucets, traps, fittings and water lines.
4. **Roof/Baseament Air Conditioning Components** - Compressor, evaporator, condenser, capacitors, relays, thermostat, heat strips, expansion valve, control module and panel, reversing valve, blower fan and motor and PC board, and ceiling ventilation fans and motors.
5. **Kitchen Center** - Range/oven burner assembly, burner valves, refrigerator/freezer, microwave, convection oven, thermostat, thermocouple, burner, igniter and PC board.
6. **LP Gas System Components** - Gas regulators, gas tanks, gas valves, tank gauges, LP lines and fittings, emergency shut off system, gas leak detector and carbon monoxide monitor.
7. **Heating System Components** - Furnace igniter, burner assembly, gas valve, gas leak detector, thermostat, thermocouple, blower motor, and PC Board.
8. **Generator/Power Plant Components** - Power plant engine block and cylinder heads, if damaged as a result of the failure of an internally-lubricated part. All internally-lubricated parts contained within the power plant engine. Alternator, starter, manually-operated switches, voltage regulator, power converter-inverter, PC boards, fuel pump, hour meter.
9. **Crank System Components (Pop-up Campers)** - Cables, pulleys and metal frame.
10. **Deluxe Appliances** - Icemaker, trash compactor, dishwasher, built-in coffee maker, built-in food processor, in-sink disposal, basement refrigerator/freezer, central vacuum cleaner system, fold out external grill, clothes washer/dryer, ceiling fan motor and smoke detector.
11. **Entertainment Components (factory/dealer installed only)** - Stereo receiver, tuner, CD player, DVD player, satellite system, 42" or smaller television set(s), television antenna and rotator.
12. **Interior and Exterior Components (factory/dealer installed only)** - Hood latches and springs, door handles, latches and springs, door chimes, clock, power window curtain motors/shade motors, awning motor, awning mechanism, awning sensor, shore power cord and retractor.

13. **Slide-Out Rooms** - Slide out room motor(s), guides, tracks and hydraulic valves, sliding floor motor, pump/jack assembly, electrical switches and wiring harness.
14. **Power Steps** - Power step, lines, fittings, cylinders, worm gears, electrical switches and wiring harness, entry door floor motor and mechanism.
15. **Leveling System** - Factory installed electric/hydraulic leveling jacks, controller, electrical switches and wiring harness.
16. **Seals and Gaskets** - Seals and Gaskets are covered for all listed parts.
17. **Wear and Tear** - Normal wear and tear is covered for all parts of the **UNIT** except for what is listed in the Exclusions section of this **AGREEMENT**.
18. **Maximum Coverage Components** - In addition to Groups 1 - 17, all parts of the **UNIT** are covered, except those listed under the Exclusions section of this **AGREEMENT**.

TRAVEL TRAILER / FIFTH WHEEL / POP-UP / SLIDE-IN CAMPER/ TOY HAULER OPTIONAL COVERAGE (Surcharges Apply)

1. **Brown Out Coverage** - In the event **YOU** selected and purchased the Brown Out option, as show on the **DECLARATION PAGE** of this **AGREEMENT**, **WE** will provide coverage for damage to a covered electrical component caused by brown out. A brown out is defined as a reduction in power caused by inadequate supply.
2. **COMMERCIAL USE Coverage** - (available only for **NEW UNIT PLANS**) In the event that **YOU** selected and purchased the **COMMERCIAL USE** option as shown on the **DECLARATION PAGE** of this **AGREEMENT**, **WE** will provide coverage for those **UNITS** defined as **COMMERCIAL USE UNITS**. If the **UNIT** is registered in the name of a business, optional **COMMERCIAL USE** surcharge must be paid at time of purchase, regardless of whether or not the **UNIT** is being used for commercial purposes.
3. **Consequential Loss Coverage** - In the event **YOU** selected and purchased the Consequential Loss option, as shown on the **DECLARATION PAGE** of this **AGREEMENT**, **WE** will provide Coverage for the repair of a **COVERED PART** if the failure of the **COVERED PART** was caused by the action or inaction of a non-covered part.

ADDITIONAL BENEFITS

1. **RV Technical Assistance:** A team of RVDA certified and master certified technicians are awaiting **YOUR** phone call and ready to assist **YOU** with issues such as (but not limited to) problems retracting **YOUR** slide-out, raising or lowering leveling jacks, power problems, various appliances, septic systems and other issues that require a troubleshooting expert.
To enjoy this benefit, please call toll-free 1-800-362-8054 - Producer Code: 24275.
 - a. Have **YOUR AGREEMENT** number available.
 - b. Be prepared to describe the year, make and model of **YOUR UNIT**.
 - c. Be prepared to provide a brief description of the problem with **YOUR UNIT**.

Disclaimer: Advice obtained through this service is given based upon information **YOU** provide and is not meant to replace the need for proper RV servicing and maintenance. At times, **YOU** may be asked to contact a service technician in **YOUR** area to further assist **YOU**. NSD and **OUR** technicians cannot remotely gauge **YOUR** ability to execute any of **OUR** recommendations or suggestions. **YOU** should never attempt any recommended or suggested task that **YOU** feel would exceed **YOUR** personal abilities or threaten **YOUR** safety or the safety of those around **YOU**. For concerns regarding LP Gas or the smell of LP Gas, **YOU** should immediately evacuate **YOUR UNIT** and call 1-800-362-8054 from a safe place.
2. **Trip Interruption:** In the event that a **BREAKDOWN** covered by this **AGREEMENT** occurs when traveling more than one hundred (100) miles from **YOUR** home and results in a **REPAIR FACILITY** keeping the **UNIT** overnight, **WE** will reimburse **YOU** for receipted motel and restaurant expenses commencing on the date of the **BREAKDOWN**, up to one hundred fifty dollars (\$150) per day for a maximum of five (5) days (total benefit per occurrence of seven hundred fifty dollars (\$750)). Coverage will be provided to **YOU** on the following basis: **WE** will pay the actual expenses, not to exceed one hundred fifty dollars (\$150) per day for every eight (8) labor hours, or portion thereof, flat rate labor time from a nationally recognized labor manual, for the labor time authorized to complete the repair, not to exceed seven hundred fifty dollars (\$750) for each repair visit. This coverage does not apply to the time waiting for parts or other delays that are beyond the control of the **REPAIR FACILITY** or the **ADMINISTRATOR**. Prior authorization is not required for Trip Interruption benefits.
3. **Service Calls:** In the event of a **BREAKDOWN** covered by this **AGREEMENT** and **YOU** are unable to transport the **UNIT** to a licensed **REPAIR FACILITY**, **WE** will pay on behalf of, or reimburse **YOU**, for a Service Call, not to exceed two hundred dollars (\$200).
4. **Meal Benefit:** In the event the **UNIT** becomes disabled due to any covered mechanical failure which renders the **UNIT** inoperable, **WE** will pay **YOU** up to fifty dollars (\$50) per meal. Coverage for the Meal Benefit is limited to five hundred dollars (\$500) for the life of the **AGREEMENT**.

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1. **Towing and Wrecker Service:** In the event the **UNIT** becomes disabled due to any mechanical failure which renders the **UNIT** inoperable, **WE** will reimburse **YOU** to have the **UNIT** transported to the nearest qualified **REPAIR FACILITY** and will pay up to a maximum of five hundred dollars (\$500) per occurrence for the transportation expenses.
2. **Flat Tire Change** - In the event of a flat tire on the **UNIT**, **WE** will reimburse **YOU** for a service provider to mount an inflated spare tire provided by **YOU** and will pay up to a maximum of one hundred fifty dollars (\$150) per occurrence for the flat tire service call.
3. **Key Lockout Service** - In the event the keys for the **UNIT** are lost, broken or accidentally locked in the **UNIT**, or the **UNIT** has a frozen lock, **WE** will reimburse **YOU** to have a service provider unlock the **UNIT** and will pay up to a maximum of one hundred fifty dollars (\$150) per occurrence for the locksmith service, excluding the cost of replacement keys. **YOU** are responsible for the cost of any replacement keys at the time of service.

Note: The 24-Hour Roadside Benefits are provided through Nation Motor Club, Inc. dba Nation Safe Drivers, 800 Yamato Road, Suite 100, Boca Raton, FL 33431. For assistance call: 1-855-216-6422 - Producer Code: 24275 - Plan: CJ.

RIGHT TO RETURN YOUR AGREEMENT

YOU have the right to return or void this **AGREEMENT**. **YOU** may return the **AGREEMENT** within sixty (60) calendar days after the date **WE** mail a copy of the **AGREEMENT** to **YOU** or if it is provided to **YOU** at the time of sale. If **YOU** return this **AGREEMENT** within the applicable time period and no **CLAIMS** have been filed, the **AGREEMENT** shall be void and **WE** will refund the entire **AGREEMENT** Purchase Price within forty-five (45) days. A 10% penalty per month shall be added to a refund that is not paid or credited within forty-five (45) days after return of this **AGREEMENT** to **US**. This provision applies only to the original purchaser.

CANCELLATION OF YOUR AGREEMENT

1. **YOU** may cancel this **AGREEMENT** at any time, including when a loss of the **UNIT** occurs, or when **YOU** sell the **UNIT** without transfer of this **AGREEMENT**. To cancel, **YOU** must submit a written request and return this **AGREEMENT** to the selling dealer or directly to the **ADMINISTRATOR**. An odometer statement indicating the odometer reading at the date of the request and a signed cancellation request form will be required to process **YOUR** refund. If this **AGREEMENT** is canceled within the first sixty (60) days, **YOU** will be refunded the entire **AGREEMENT** Purchase Price. If this **AGREEMENT** is canceled after the first sixty (60) days or if a **CLAIM** has been made, **YOU** will be refunded an amount of the **AGREEMENT** Purchase Price according to the pro-rata method. The refund equals the greater of the days in force or the miles driven based on the Term of the **PLAN** selected and the date coverage begins, less an administrative fee of ten percent (10%) of the **AGREEMENT** Purchase Price or twenty-five dollars (\$25.00), whichever is less. In the event of cancellation, the Lienholder, if any, will be named on the cancellation refund check as its interest may appear. The right to cancel this **AGREEMENT** is non-transferable and shall apply only to the original **AGREEMENT** Holder.
2. **WE** may cancel this **AGREEMENT** for nonpayment of the **AGREEMENT** Purchase Price, or for a material misrepresentation made in obtaining this **AGREEMENT** or in the submission of a **CLAIM**, **WE** will refund an amount of the **AGREEMENT** Purchase Price according to the pro-rata method paid within thirty (30) days of the date of cancellation. The refund equals the greater of the days in force or the miles driven based on the Term of the **PLAN** selected and the date coverage begins. In the event of cancellation, the Lienholder, if any, will be named on the cancellation refund check as its interest may appear. A written notice of cancellation, stating the effective date and reason for the cancellation will be mailed to the **AGREEMENT** Holder at the last known address. The **AGREEMENT** ceases to be valid no less than five (5) days after the postmark date of the notice.
3. If **YOUR UNIT** and this **AGREEMENT** have been financed, the Lienholder shown on the **DECLARATION PAGE** may cancel this **AGREEMENT** for nonpayment or if **YOUR UNIT** is declared a total loss or is repossessed. This right of cancellation does not confer ownership of this **AGREEMENT** to the Lienholder or otherwise entitle the Lienholder to performance under this **AGREEMENT**.

TRANSFER OF YOUR AGREEMENT

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

A completed transfer application and a fifty dollar (\$50) transfer fee must be submitted to the **ADMINISTRATOR** within thirty (30) days of a change in ownership, along with the following:

1. A notarized copy of the documentation showing change of title;
2. Proof of maintenance recommended by the manufacturer; and
3. If the manufacturer's warranty requires a transfer, a copy of the completed transfer form.

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

GUIDE TO FILING A CLAIM

A. INSTRUCTIONS FOR THE AGREEMENT HOLDER:

1. **Prevent Further Damage.** Take immediate action to prevent further damage. This **AGREEMENT** will not cover the damage caused by continued operation in a failed state, and/or failing to secure a timely repair of the failed component.
2. **Take UNIT to a REPAIR FACILITY.** In the event of a **BREAKDOWN**, take the **UNIT** to the dealer that sold **YOU** this **AGREEMENT**, if at all possible. If not, take the **UNIT** to any licensed **REPAIR FACILITY** approved by the **ADMINISTRATOR**. **YOU** should contact the **ADMINISTRATOR** for assistance in locating an approved **REPAIR FACILITY**. Provide the **REPAIR FACILITY** with a copy of this **AGREEMENT** and/or the **AGREEMENT** Number.
3. **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. It is **YOUR** responsibility to ensure that authorization has been obtained for any covered repair prior to the work being started. Failure to obtain proper authorization will 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. If a **BREAKDOWN** occurs after the **ADMINISTRATOR'S** normal working hours, the **REPAIR FACILITY** must contact the **ADMINISTRATOR** immediately on the first available business day.
4. **Review Coverage.** After the **ADMINISTRATOR** is 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.
5. **Tear-Down and/or Inspection of the UNIT.** In some cases, **YOU** may need to authorize the **REPAIR FACILITY** to inspect and/or tear-down the **UNIT** in order to diagnose the failure and the cost of the repair. **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 **UNIT** prior to any repair being performed.
6. **Authorize Repair.** Authorize the **REPAIR FACILITY** to complete the repairs.
7. **Review Repair.** Review the work performed on the **UNIT** with the **REPAIR FACILITY** when the **UNIT** is picked up.
8. **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 **UNIT** that is covered by this **AGREEMENT** for the previously authorized amount, less the **DEDUCTIBLE**. **YOU** must pay for any repair or service that is not covered by this **AGREEMENT**. If necessary, **WE** will pay the **REPAIR FACILITY** by charge card on **YOUR** behalf. 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 the **DEDUCTIBLE**.
9. **Emergency Repairs.** Follow the procedures outlined above. **PRIOR APPROVAL MUST BE OBTAINED IN ALL CASES. FAILURE TO OBTAIN PROPER AUTHORIZATION WILL RESULT IN A DENIAL OF BENEFITS.**

B. INSTRUCTIONS FOR THE REPAIR FACILITY:

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**. The **ADMINISTRATOR** must authorize all covered repairs provided under this **AGREEMENT**.
2. **Authorization for Evaluation from the AGREEMENT Holder.** Obtain authorization from the **AGREEMENT** Holder to inspect and/or tear-down the **UNIT** 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 the 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), its cause, and the cure 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 1-877-565-0825 to obtain authorization for the **CLAIM**. Please have the following items ready when the call is placed:
 - a. Customer's **AGREEMENT** Number;
 - b. Complaint, cause of failure and corrective action;
 - c. Cost of the repair;
 - d. Last eight (8) digits of the **UNIT** Identification Number;
 - e. Customer's 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 **UNIT** prior to any repair being accomplished. Diagnostic procedures that are not necessary to determine cause of failure 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 **WE** will not reimburse such payment. Listed below is the Inspection/Tear-Down Policy:
 - a. Save all components, including fluids and filters, which need to be repaired.
 - b. The **ADMINISTRATOR** will arrange for inspection.
 - c. If not visited within 48 hours, call Customer Service at 1-877-565-0825
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 must be submitted, along with the **CLAIM** Authorization Number, to the **ADMINISTRATOR**, at the address shown below, within thirty (30) days from the date the covered repair was completed to be eligible for payment.

ADMINISTRATOR:
Preferred Administrators
P.O. Box 26830
Austin, TX 78755
ATTN: Claims Department
Telephone Number: 1-877-565-0825

C. INSTRUCTIONS FOR THE AGREEMENT HOLDER TO FILE A CLAIM FOR ADDITIONAL BENEFITS:

1. **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 section, **except a CLAIM for 24 hour additional benefits**. For authorization, please call the **ADMINISTRATOR'S CLAIMS** number 1-877-565-0825.
2. **Submit Paid Receipts to the ADMINISTRATOR.** A paid receipt from a licensed service provider, stating the type of service and the date provided, must be submitted along with **YOUR AGREEMENT** Number to the **ADMINISTRATOR** at the address shown below, within thirty (30) days from the date of the covered service or repair to be eligible for payment.

ADMINISTRATOR:
Preferred Administrators
P.O. Box 26830
Austin, TX 78755
ATTN: Claims Department
Telephone Number: 1-877-565-0825

D. INSTRUCTIONS FOR THE AGREEMENT HOLDER TO FILE A CLAIM FOR THE 24-HOUR ROADSIDE BENEFITS:

The Roadside Assistance Services provided are not a part of a reimbursement program and **YOU** must call 1-855-216-6422 - Producer Code: 24275 - Plan: CJ to obtain service. In the event **YOU** contract for a covered service on **YOUR** own and would like to submit those services for reimbursement consideration, **YOU** may do so by calling toll-free 1-888-684-9327 or by visiting www.nsclaims.com to request a **CLAIM** form. Please follow the instructions on the form for reimbursement submission. Reimbursements for services not obtained through Nation Motor Club, Inc. d/b/a Nation Safe Drivers are strictly limited to \$50.00.

The 24-Hour Roadside Assistance Service benefits are provided through Nation Motor Club, Inc., dba Nation Safe Drivers. For assistance call: 1-855-216-6422 - Producer Code: 24275 - Plan: CJ.