

WYNN'S PLUS™

USED VEHICLE SERVICE CONTRACT/APPLICATION



WYNN'S EXTENDED CARE, INC.
P.O. Box 2470, Brea, CA 92822

CONTRACT NO: NW Sample Only

This document is an **Application** for a **Vehicle Service Contract**. If this **Application** is accepted by **Us**, then it will become **Your Contract**. The words in boldface type (other than the headings in this **Contract**) are defined in the "**Definitions**" section below.

CUSTOMER INFORMATION				SELLING DEALER	
Name				Name	
Address				Address	
City	State	Zip		City	State Zip
Telephone				Telephone	Dealer Account No.

VEHICLE INFORMATION				
Vehicle Identification Number (VIN)			Current Odometer Reading Miles	Vehicle Purchase Price
Year	Make	Model	Class	Contract Price \$
Lienholder (if any)				

CONTRACT INFORMATION

Standard **Deductible:** \$100 Optional **Deductible:** \$0 \$50 \$200

(If no box is marked Wynn's Plus Value Coverage will apply)

Wynn's Plus Value Coverage

COVERAGE TERM: _____ Months/ _____ Miles Coverage Type: Wynn's Plus Classic Coverage

Wynn's Plus Deluxe Coverage

Coverage begins on the date that the **Contract** was purchased and expires upon the passing of the number of months or miles specified above, whichever occurs first. This **Contract** must be purchased on date of **Vehicle** sale.

ADDITIONAL COVERAGES (Must be purchased if **Vehicle** is equipped with the following — initial those that apply):

Four Wheel Drive _____ 10 Cylinder **Vehicles** (Trucks, Vans, and SUV's Only) _____ Twin Turbo _____ Diesel _____

Over 1/2 Ton **Vehicles** with 4x4/Diesel/Turbo Combined _____ Turbo/Supercharger _____ Four Wheel Steering _____

Trucks/Vans (3/4 ton and 1 ton **Vehicles**), SUV's/Mini-Vans _____ High-Tech Option (Deluxe Only up to 100,000 miles) _____

Note: Seals and gaskets are covered as part of the Wynn's Plus Deluxe Coverage if the **Vehicle** had 80,000 miles or less on the odometer at the date of its purchase. **Vehicles** with 80,001 miles or more on the odometer at the date of purchase are not eligible for seals and gaskets coverage.

CONTRACT OBLIGOR (We, Us or Our): Administrator

I have agreed to and acknowledge the maintenance schedule, the claims process, the coverage provided, the time and mileage limitations, the exclusions of coverage, the state law disclosures and the cancellation provisions of this Vehicle Service Contract and have read and understood said provisions. It is understood that the purchase of this Vehicle Service Contract is NOT a requirement to purchase or obtain financing. I understand that the above information may be subject to verification and that this **Application** may be rejected if any of the above information is incorrect or if the above **Vehicle** is not eligible for the term or coverage written as determined by the **Administrator** in its sole discretion.

CUSTOMER SIGNATURE _____ AUTHORIZED REPRESENTATIVE OF **SELLING DEALER** _____

Date: _____ Date: _____

THIS SERVICE **CONTRACT** IS INSURED FOR ITS LIABILITY UNDER A SERVICE CONTRACT REIMBURSEMENT INSURANCE POLICY ISSUED BY **NATIONAL CASUALTY COMPANY/SCOTTSDALE INSURANCE COMPANY**, MEMBER COMPANIES OF THE Nationwide® Insurance group. IF **WE** DO NOT SETTLE **YOUR CLAIM(S)**, AS **ADMINISTRATOR** WITHIN SIXTY (60) DAYS OF **OUR RECEIPT OF YOUR PROOF OF LOSS**, **YOU** MAY MAKE A CLAIM DIRECTLY AGAINST: **NATIONAL CASUALTY COMPANY/SCOTTSDALE INSURANCE COMPANY**, P.O. BOX 4110, SCOTTSDALE, AZ 85261-4110 (800) 423-7675.