

Application for the Consideration of Additional Coverage

Please provide the following information to request a review of the dealership.

Email to risk@ascwarranty.com or fax to **870-508-6699**

Date:

Dealer Number:

Dealer Name:

Sales Representative:

Dealer Website Address:

Current number of vehicles in Inventory:

Additional Agreement sales this will generate per month:

Average year range and mileage of vehicles sold is:

Makes and models of vehicles that Dealer will be selling:

Plan and term the Dealer will be selling:

Does the selling dealer have their own Service Department:

Detailed description of the additional coverage the Dealer asking for:

What additional funds will the Dealer be willing to pay per agreement to receive the above exception(s):

The dealer will be required to enter all agreements online at the time of purchase. Is the dealer prepared to do this:

To save this form go to "file", click "save as" and enter the dealer name or number. Email the file as an attachment to ASC. Once the application has been received it will be reviewed and the sales rep will be notified with a decision.