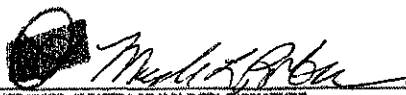



This document is an Application for a vehicle service contract. If this Application is accepted by Us, then it will become Your Contract. THE PURCHASE OF THIS CONTRACT IS NOT REQUIRED EITHER TO PURCHASE OR TO OBTAIN FINANCING FOR A MOTOR VEHICLE.

CUSTOMER INFORMATION					
Customer Name (Contract Holder) <b>MERLE ROBINSON</b>			E-Mail		
Street Address <b>2755 US HWY 93 W</b>		Apt #			
City <b>WHITEFISH</b>	State <b>MT</b>	Zip Code <b>59937</b>	Telephone <b>406 871-1601</b>		
DEALER INFORMATION					
Selling Dealer <b>CRESTON RV LLC</b>		Telephone <b>406 755-1915</b>		Dealer Account Code <b>RV19224</b>	
Street Address <b>3850 HIGHWAY 93 S</b>		City <b>KALISPELL</b>	State <b>MT</b>	Zip Code <b>59901</b>	
VEHICLE INFORMATION					
Vehicle Purchase Price \$ <b>110,000.00</b>		Contract Price \$ <b>5,450.00</b>		Contract Purchase Date <b>08/21/2020</b>	
Year <b>2017</b>	Make <b>LEISURE TRAVEL VAN</b>	Model <b>UNITY TB</b>	Current Odometer Reading <b>11,506</b>	Motorhome Chassis Serial # or Unit Vin # <b>8BNPF4CC8GE132463</b>	
Lienholder <b>NONE</b>	Street Address <b>NA</b>		City <b>NA AA 11111</b>	State	Zip Code Telephone
<input type="checkbox"/> \$0 Deductible <input type="checkbox"/> \$0 Disappearing Deductible <input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> Diesel Engine <input type="checkbox"/> Turbo <input type="checkbox"/> Other _____		<input type="checkbox"/> Towing (Up to \$500 Per Occurrence) <input type="checkbox"/> Winterization Coverage <input type="checkbox"/> Other _____	
<input type="checkbox"/> 7 Years <input type="checkbox"/> 8 Years <input type="checkbox"/> 9 Years		<input type="checkbox"/> 10 Years <input type="checkbox"/> 11 Years <input type="checkbox"/> 12 Years			
<input type="checkbox"/> New	<input checked="" type="checkbox"/> RV Elite+	Term Time <b>5 Years</b>	<input checked="" type="checkbox"/> Motorhome	<input type="checkbox"/> Fifth Wheel	Chassis Factory Warranty <b>0</b> Months / <b>N/A</b> Miles
<input checked="" type="checkbox"/> Used	<input type="checkbox"/> Coach Only	Term Mileage <b>Unlimited</b>	<input type="checkbox"/> Travel Trailer	<input type="checkbox"/> Folding Camper	Coach Factory Warranty <b>0</b> Months / <b>N/A</b> Miles
			<input type="checkbox"/> Horse Trailer	<input type="checkbox"/> Slide-In	
CONTRACT OBLIGOR (Our, Us, or We): Administrator					
<p>I hereby agree to and acknowledge the terms and conditions of this Contract, including but not limited to the maintenance schedule, the claim process, the coverage provided, the time and mileage limitations, the exclusions of coverage, the cancellations provisions of this Contract, the "Dispute Resolution" section including the arbitration provision, the "13. OTHER IMPORTANT CONTRACT PROVISIONS/ LIMITATIONS" section, and have read and understood said provisions, which are incorporated herein by reference. 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. For residents of the State of Arizona, this Service Contract Agreement shall be effective from the date of sale of the agreement and the agreement is additionally subject to all the provisions of Arizona Administrative Code rule number R20-6-407(E)(4).</p>					
 CUSTOMER (CONTRACT HOLDER) SIGNATURE			 AUTHORIZED REPRESENTATIVE OF SELLING DEALER		
Purchase Date: <b>08/21/2020</b>			Date: <b>08/21/2020</b>		
THIS SERVICE CONTRACT IS INSURED FOR ITS LIABILITY UNDER A SERVICE CONTRACT REIMBURSEMENT INSURANCE POLICY ISSUED BY NATIONAL CASUALTY COMPANY, A MEMBER COMPANY OF The Nationwide® Insurance Group. IF WE DO NOT SETTLE YOUR CLAIM(S), AS ADMINISTRATOR WITHIN SIXTY (60) DAYS (THIRTY (30) DAYS IN ARIZONA) OF OUR RECEIPT OF YOUR PROOF OF LOSS, YOU MAY MAKE A CLAIM DIRECTLY AGAINST NATIONAL CASUALTY COMPANY, P.O. BOX 4110, SCOTTSDALE, AZ 85261-4110, (800) 423-7675.					

NO CLAIM WILL BE PAID WITHOUT PRIOR AUTHORIZATION - FOR CLAIMS SERVICE CALL (800) 297-0256