



# EXCEPTION FORM

<b>PRODUCER INFORMATION</b>		
PRODUCER NAME:		CODE:
YOUR NAME:		
TITLE:		
E-MAIL ADDRESS:		FAX:
SIGNATURE:		
<b>CONTRACT INFORMATION</b>		
<b>SERVICE CONTRACT #:</b>		<b>CUSTOMER NAME:</b>
YEAR:	MAKE:	MODEL:
COVERAGE LEVEL REQUESTED:		
TERM REQUESTED:		
<b>DETAILS OF EXCEPTION REQUEST:</b>		
<b>REASON FOR EXCEPTION:</b>		
<b>If payment is not received within sixty (60) days, any approved exception becomes null and void.</b>		

**For Company Use Only**

Exception Number:		Cost of Exception + \$75 =	\$
Special requirements:			
Approved by:		Date:	
<b><i>In order for an approved exception to be processed, we must receive correct payment along with the service contract application indicating the correct exception number in the lower right hand corner.</i></b>			