



# UPGRADE REQUEST FORM

Once completed, please include a copy of the contract application with this 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:	
<b>DETAILS OF UPGRADE REQUEST:</b>			
<b>REASON FOR UPGRADE:</b>			
<b>If payment is not received within sixty (60) days, any approved upgrade becomes null and void.</b>			

**For Company Use Only**

Upgrade Number:		Cost of cost of additional coverage/term + \$75 =	\$
<b>Special requirements:</b> No pending or future claim will be paid on upgrade portion of contract for 60 days upon receipt of payment.			
Approved by:		Date:	
<i>In order for an approved upgrade exception to be processed, we must receive correct payment along with a copy of the service contract application indicating the correct exception number in the "For Company Use Only" box.</i>			