

Auto Protection Plan

Powered by Assurance Plus

Auto Deductible Reimbursement Benefit

Definitions:

Auto Insurance Policy refers to a policy of insurance issued to the **Member** for which the **Member** is an **Auto Policy Named Insured** covering an automobile owned or leased by the **Member** against all risks of direct physical damage. The **Auto Insurance Policy** must be valid and active.

Auto Policy Named Insured refers to any person, specifically designated by name as an insured(s), or as a covered or additional driver on the declaration page of the **Auto Insurance Policy** for the **Covered Auto**.

Covered Auto refers to a non-commercial, four (4) wheel auto of the **Member** which is recognized and covered by the **Auto Insurance Policy** issued to the **Member** for which the **Member** is the **Auto Policy Named Insured**, and the auto is owned or leased by the **Member** evidenced by the title of the auto, registration of the auto, or the **Member** is designated a borrower of the auto.

Loss refers to an accidental physical loss or damage to the **Member's Covered Auto** for which the auto insurance company has approved and paid a collision or comprehensive claim which exceeds the **Auto Insurance Policy** deductible for the **Covered Auto**.

Member refers to the individual who is added as a participant under the program provider's auto deductible reimbursement blanket policy.

Member Effective Date refers to the date the **Member** is added as a participant under the program provider's auto deductible reimbursement blanket policy.

Theft refers to the taking or removing of property with intent to deprive the rightful owner. It includes robbery, burglary and larceny.

We, Us and Our refer to the insurer underwriting the Auto Deductible Reimbursement benefit.

Administrator refers to cynoSure Financial, Inc., P.O. Box 7690, St. Clair Shores, MI 48080.

We will reimburse the **Member** for a **Loss** to the **Member's Covered Auto** equal to the deductible limit shown on the **Member's Auto Insurance Policy** up to a maximum of \$500. Coverage is effective upon date of the **Member's** enrollment and will continue for one (1) Year.

The Auto Deductible Reimbursement benefit does not apply if:

1. the **Member** does not have an in force **Auto insurance Policy** on the **Member's Covered Auto** at the time of a **Loss**;
2. the claim under the **Member's Auto Insurance Policy** is not covered or has been denied by the **Member's** auto insurance company;
3. the **Loss** does not exceed the in force **Auto Insurance Policy** deductible;
4. the **Member's** auto insurance company has waived the **Auto Insurance Policy** deductible under the **Auto Insurance Policy**;
5. the **Loss** is for a Recreational Vehicle (RV), Trailer, Motor Home, All Terrain Vehicle (ATV), Motorcycle, Boat, Personal Water Craft (PWC) or any other vehicle that does not fall under the definition of a **Covered Auto** ;
6. the **Auto** is used for commercial purposes or hire; or
7. the **Loss** is other than a Total **Loss** and the **Member** does not repair the **Covered Auto**

Only one (1) Auto Deductible Reimbursement benefit will be paid per **Covered Auto** per **Loss** and only two (2) benefits will be paid per **Member** per twelve (12) month period.

Benefit Limits:

1. The highest Auto Deductible Reimbursement benefit paid for any **Loss** is five hundred dollars \$500.

Exclusions:

The Auto Deductible Reimbursement benefit will not apply to a **Loss** caused by or resulting from any of the following:

1. Delay, loss of market, loss of use, or any other causes of consequential loss, including (but not limited to) **Losses** arising from loss of time, inconvenience, lost profits or savings or other incidental, special, or consequential damages arising out of the use of or inability to use the **Member's Covered Auto**.
2. Intentional or dishonest acts by: the **Member** or anyone else with an interest in **Member's Covered Auto**; the **Member's** employees or authorized representatives; whether or not acting alone or in collusion with other persons and whether or not occurring during the hours of employment.
3. Warlike action by military force including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other authority using military personnel or other agents; or
4. Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

The Auto Deductible Reimbursement benefit will not apply to a **Loss** caused directly or indirectly by any of the following:

1. Seizures or destruction of **Member's Covered Auto** by order of governmental authority;
2. Any weapon employing atomic fission or fusion; or
3. Nuclear reaction or radiation, or radioactive contamination from any other cause.
4. War, including undeclared or civil war.

Such **Loss** is excluded regardless of any other cause or event that contributes to the **Loss**, whether concurrently or in any other sequence.

The Auto Deductible Reimbursement benefit does not cover:

1. Any **Loss** involving liability or medical payments coverage provided for under the **Member's Auto Insurance Policy** including, but not limited to, personal injury to others, personal injury to others injured on the **Member's** property or damage to property of others.
2. Any **Loss** which occurred while the **Member** was not enrolled to receive the Auto Deductible Reimbursement benefit.
3. Any **Loss** or damage to a vehicle not defined as a **Covered Auto** including, but not limited to a watercraft, aircraft, manufactured home or other motorized items intended for storage, display, competition or habitation that may be recognized and covered by an **Auto Insurance Policy** showing the **Member** as a Named Insured.

How to File A Claim:

Call the Claims Administrator at 1-877-296-4892 or go to www.assuranceplus.com/claims to request a claim form. Notice of the **Loss** must have been provided to the Claims Administrator within 90 days of the date of **Loss**, but in no event later than 1 year from date of **Loss**. To process a claim the Claims Administrator must be sent a completed and signed claim form, along with the following required documents, within 180 days of the date of **Loss**, but in no event later than 1 year from date of **Loss**.

1. A copy of the **Automobile Insurance Policy** Declarations page in effect on the date of **Loss**.
2. A copy of the **Covered Auto** title, registration or loan/lease documents (if applicable) in effect on the date of **Loss**.
3. A copy of the estimate of repairs or the total **Loss** statement.
4. A copy of the claim payment check and/or settlement letter from the **Auto Insurance Company** showing the amount that was paid and that the deductible was satisfied.

5. A copy of the check, credit card charge, debit card charge or cash receipt showing the deductible was paid.
6. Any other information that may reasonably be requested in order to process the claim.

Transfer of Rights of Recovery Against Others to Us:

If any person or organization to or for whom **We** make payment under this insurance has rights to recover damages from another those rights are transferred to **Us**. That person or organization must do everything necessary to secure **Our** rights and must do nothing after a **Loss** to impair them.

This Auto Deductible Reimbursement benefit described herein is underwritten by an A.M. Best A rated carrier.

20% Auto Repair Reimbursement

Definitions:

Automobile means a four-wheeled, private passenger vehicle, new or used, personal auto owned or leased and used for personal use by the **Member** or a **Family Member** residing in the **Member's** primary residence. (Proof of ownership and permanent address will be required at time of claim.)

Collision means a collision of any kind, including but not limited to, collision with another object, vehicle or animal.

Exclusionary Period means the first thirty (30) days following the **Membership Effective Date**.

Family Member means spouse, son, daughter or parent of the **Member**.

Member means an individual who has purchased and is an active member of this membership program.

Membership Effective Date means the date the membership period starts.

Membership Expiration Date means the date the membership period ends.

Description of Coverage:

The **Member** or **Family Member** is eligible to receive a twenty percent (20%) reimbursement of the payment made to a licensed repair facility to repair an **Automobile** if the repair occurs after both the **Membership Effective Date** AND **Exclusionary Period** but before the **Membership Expiration Date**.

Reimbursements are limited to twenty percent (20%) of the repair payment made to a licensed repair facility up to five hundred dollars (\$500) per repair. The reimbursable part of any repair is only limited to the cost of eligible replacement parts, labor, shop fees and disposal fees. The maximum amount the **Member** or **Family Member** can receive during a twelve (12) month membership period is one thousand dollars (\$1,000).

The reimbursement amount is excess of any other coverage available which would include, but not be limited to: a manufacturer's warranty, extended warranty, automobile insurance, credit card benefit, etc.

Repair reimbursements do not include:

1. Repair or replacement of a windshield, side windows, rear window or the glass part of a sunroof.
2. Repair or replacement of tires and rims, including a spare tire and rim.
3. Performance or appearance upgrades to the **Automobile** which include painting, cleaning, restoration work, engine modifications, lift kits, suspension modifications, etc.

4. Work performed on the **Automobile** as a result of an automobile manufacturer's recall.
5. Repairs on an automobile owned by someone other than the **Member**.
6. Repairs on an **Automobile** at a non-licensed repair facility.
7. Repairs on an **Automobile** that occur before the **Membership Effective Date** or after the **Membership Expiration Date**.
8. Repairs to an **Automobile** that occur during the **Exclusionary Period**.
9. The cost of parts purchased by the **Member** for repairs not made by a licensed repair facility.
10. Any routine maintenance work. Examples include, but are not limited to; the replacement of brake pads, brake rotors, batteries; filters, tire balancing and tire alignment.
11. Any regularly scheduled maintenance work as defined in the **Automobile's** Owner's Manual. Examples include, but are not limited to; oil changes and tire rotations.
12. Repairs to a motorhome, travel trailer, motorcycle, boat, ATV, or any other vehicle not defined as an **Automobile**.
13. A repair to an automobile used for commercial purposes and/or that is owned by a business.
14. Repairs to an **Automobile** that is the result of Acts of God, including fire, lightning, hail, flooding and wind.
15. Repairs to an **Automobile** that is the result of theft, **Collision**, misuse, vandalism.

How to File a Reimbursement Request:

To receive reimbursement, the **Member** must call 1-877-296-4892 to request a reimbursement form.

Once the **Member** receives or prints the reimbursement form, it must be completed and returned with the following information within 120 days of the date the repair was made:

- 1) A repair bill on the **Automobile** from a licensed repair facility that shows the:
 - a) name, address, city, state, zip code and telephone number of the repair facility
 - b) date the repair occurred
 - c) problem causing the repair
 - d) a breakdown of the dollar amount charged for the repair (parts, fluids, etc.) and
 - e) mileage on the **Automobile** at time of repair.
- 2) Evidence that **Member** or **Family Member** paid the licensed repair facility for the repair (i.e., a receipt from the licensed repair facility showing method of payment, copy of canceled check, or credit card statement, etc.)
- 3) Copy of the **Member's** or **Family Member's** current driver's license.
- 4) A copy of the **Automobile's** current Vehicle Registration or title showing the:
 - a) **Member** or **Family Member** as the named owner or lessee of the **Automobile**, and
 - b) address matching the **Member's** address.

The completed form and documentation must be mailed to:
Auto Repair Reimbursement Administrator
PO Box 7690
St Clair Shores, MI 48080

In order to effectively process the request for a reimbursement, the request must be received within one hundred and twenty (120) days of the date that the repair was made or the reimbursement will be withheld. If all of the documentation is submitted and the reimbursement is verified, the **Member** will receive a check for 20% of the allowable repair costs up to \$500 per repair up to a maximum of \$1,000 per 12-month membership period.

Roadside Assistance Benefit Statement

The Roadside Assistance Benefit (the "**Program**") is provided and administered by Roadside Protect. Roadside Assistance is available twenty-four (24) hours a day. To arrange service for your vehicle, call our dispatch center toll-free at **1-855-766-7462** to request assistance, and the Roadside Assistance Administrator will send help to your disabled vehicle from an authorized roadside service provider ("**Roadside Contractor**").

Covered Expenses: All expenses covered under the Program are limited to One Hundred Dollars (\$100.00) for any single claim and include the following:

a) Towing: When your vehicle is disabled due to mechanical breakdown, the Roadside Assistance Administrator will arrange for a Roadside Contractor to tow it to the nearest service facility of your choice up to the service expense equivalent of \$100; **any expense incurred beyond \$100 will be your responsibility to pay to the Roadside Contractor.**

b) Flat Tire Assistance: A flat tire will be changed with your spare tire. If, for any reason, the spare is not usable, the lug nuts cannot be removed or the vehicle has two flat tires with one usable spare, towing will be provided in accordance with the towing provisions.

c) Fuel, Oil, and Fluid Delivery Service: If the vehicle runs out of fuel or fluids, we will provide for the delivery of fuel or other fluids needed at the disablement site. Specific brands or octane ratings cannot be promised. (Does not cover the cost of fuel or fluids).

d) Lock Out Service: If your keys are locked in the vehicle, assistance will be provided to gain entry into the vehicle.

e) Jump Start: Jump start service will be provided to start your vehicle.

f) Winching/Extraction: If your vehicle is stuck in a ditch, mud or snow, but it is accessible from a normally traveled roadway, service will be given to either tow or winch the vehicle. Dispatch coverage for winching is limited to \$100; **any expense incurred beyond \$100 will be your responsibility to pay to the Roadside Contractor.**

Roadside Assistance Reimbursement: If for any reason the Roadside Assistance Administrator dispatch center cannot provide the benefits listed above, you must obtain an authorization number from the Roadside Assistance Administrator dispatch center to use the service provider of your choice. The Roadside Assistance Administrator will reimburse you up to \$100 upon presentation of the original paid service provider receipt. **The authorization number is required to be eligible for reimbursement.**

Reimbursement Address: All documentation should be mailed to *Roadside Protect, Inc. c/o Auto Road Service, Attn: Reimbursement, P.O. Box 55698, Sherman Oaks, CA 91413. Claims: 1-855-766-7462*

Coverage Eligibility: Benefits are unlimited.

Important: Since all Roadside Contractors are independent contractors and not agents or employees of the Administrator, the Administrator can assume no liability for any damage to your vehicle resulting from the rendering of service or for personal items left in the vehicle. Any claims for personal injury or damage to the property of a member must be filed against the servicing facility.

ROADSIDE ASSISTANCE SERVICE LIMITATIONS: The Program provides service for most emergency situations but does not include:

- Service if the operator is not with the disabled vehicle (however if you cannot remain with the vehicle for safety reasons, we will attempt to provide service.)
- Service is not available for vehicles with a manufacturer's load rating capacity greater than one-ton.
- Towing or service on roads not regularly maintained including private property.
- Installation or removal of snow tires and chains nor dismounting, repairing, or rotating tires.

- Vehicle storage charges, cost of parts and installation, products, materials, impounding, and additional labor related to towing.
- Service to vehicles with expired safety inspection, license plate, and/or emission sticker if service is prohibited by law.
- Service to vehicles that are not in a safe condition to be towed.
- Service in areas not regularly traveled, such as vacant lots, beaches, open fields or other places that would be hazardous for service.
- Charging a weak or dead battery.
- Towing vehicles to a junkyard for disposal.
- SPECIAL EQUIPMENT: This Program provides one normally equipped service vehicle, one driver and one service call per disablement. Any additional personnel or special equipment is at the vehicle operator's expense and is not reimbursable.

Emergency roadside assistance services are provided to Roadside Protect, Inc. by Signature's Nationwide Auto Club, Inc.

This Is Not Insurance

My Auto Expert™ Program Benefit Statement

The Protection Plan provides you access to the My Auto Expert™ benefit ("**Benefit**"), which is provided by Sonsio Administrative Services, Inc. ("**Sonsio**"). The benefit is included as part of the Auto Protection Plan. Your Benefit begins on the date of the Auto Protection Plan and continues for 12 months thereafter ("**Benefit Period**").

What is My Auto Expert™?

My Auto Expert is a phone service that provides access to ASE Certified Automotive Technicians. The expert, unbiased, and independent technicians of My Auto Expert offer general and emergency advice. My Auto Expert ASE Certified Automotive Technicians utilize automotive expertise as well as industry leading tools to assist you with questions related to the Covered Vehicle.

Who is Eligible?

My Auto Expert™ may be utilized by you, your spouse, and your teenage drivers (18 years or older) in connection with the non-commercial private passenger vehicle(s) registered to you, or an eligible member of your household ("**Covered Vehicle**" or "**Covered Vehicles**").

What Are the Benefits?

Your benefits include access to the following services:

- **Validation & Second Opinions**
My Auto Expert technicians validate the mechanical diagnosis and recommended repairs provided by a repair facility. They will:
 - Speak with you directly and listen to your concerns related to your Covered Vehicle and the repair work proposed;
 - Speak with the technician at a repair facility, review their diagnosis and estimate for repairs to your Covered Vehicle;
 - Provide their expertise and opinion about the repair work proposed for your Covered Vehicle, and whether you are receiving the appropriate service for your Covered Vehicle.
- **Repair Cost Estimator**
If you question an estimate quoted by a mechanic, My Auto Expert™ will analyze your estimate using the most current parts costs and labor rates for any region of the country. My Auto Expert technicians will:
 - Provide you with an estimate for repair services based on your description of the problems you are experiencing.
 - Review the estimates you have received for the repairs to your Covered Vehicle to help you determine if you are getting a fair price.

- **Mechanical Diagnosis**
My Auto Expert technicians will help determine the potential issues negatively affecting your Covered Vehicle. If unable to provide a specific diagnosis over the phone, they will help narrow down possible issues and provide information which may be helpful to a repair shop.
- **Technical Assistance – Vehicle Features and Mechanical Problems**
My Auto Expert technicians answer questions and provide guidance on features and basic ‘owner’s manual’ maintenance for your Covered Vehicle, including, for example, how to open the gas tank cover or how to get that new headlight bulb installed.

What Are the Limitations?

- This service only provides advice based upon the information you provide.
- My Auto Expert in no way guarantees the integrity of the actual repair work performed.
- This service is not transferable.
- This service is limited to the Covered Vehicle. All commercial-use vehicles are excluded.

How Do I Use This Service?

- Make sure you have your Benefit ID number ready when contacting My Auto Expert.
- Call My Auto Expert toll-free 1-855-766-7462 by phone between the hours of 8:00 AM and 8:00 PM ET, Monday through Friday, and Saturdays from 8:00 AM to 5:30 PM ET; or
- Send an email with your questions, invoices and/or estimates, and other applicable information to MyAutoExpert@Sonsio.com. Make sure to include your full name and a phone number where My Auto Expert can reach you; or
- Fax the information above to 1-866-597-9327. Please make sure the pages are clear and legible before faxing. Make sure to include your full name and a phone number where My Auto Expert can reach you.

Emergency Travel Expense Reimbursement

Definitions:

Administrator means cynoSure Financial, Inc., P.O. Box 7690, St. Clair Shores, MI 48080.

Member means the member of the Auto Protection Plan. The **Member** must be of legal age, be a licensed driver and have the same principal residence as is listed on the membership plan.

Vehicle means a motor vehicle of the four-wheel private passenger type, including station wagons, jeeps, trucks and SUV’s with a manufacturer’s rated load capacity of 1 ton or less, designed for use on public roads and not being used commercially.

Disablement means the disablement of the **Member’s Vehicle more than one hundred (100) miles from the Member’s** primary residence and due to a mechanical breakdown or collision where the **Member’s Vehicle** cannot be driven under its own power and must be towed to a collision shop, auto dealer or auto service center where it is kept overnight for at least one night.

Benefit:

If a Vehicle owned and insured by the **Member** with the **Member** being the primary insured on the Auto Insurance Policy suffers a **Disablement** and the **Vehicle** cannot be driven safely under its own power, and subject to the Terms and Conditions of this benefit, the **Member** is entitled to be reimbursed a maximum benefit of \$100 per night, up to a maximum of five (5) nights per twelve (12) month period for lodging expenses. The benefit only applies to overnight lodging where the **Member** has to pay for the room (e.g. hotel, motel, bed & breakfast, YMCA, etc.) and has the receipt or other documentation showing the name

of the lodging facility, date(s) stayed and amount paid.

The **Member** is also entitled to be reimbursed a maximum benefit of \$100 per day, up to a maximum of five (5) days per twelve (12) month period for meals. The benefit only applies to meals where the **Member** has to pay for the meal(s) and has the receipt or other documentation showing the name of the restaurant, date(s) of the meal(s) and amount(s) paid.

Exclusions:

No benefits will be paid in the event the **Member's**:

1. **Disablement** is due to a collision(s) involving speeding violations, criminal activity, and/or driving under the influence of non-prescription drugs or alcohol.
2. **Disablement** repairs are not completed by a licensed facility.
3. **Disablement** occurred within one hundred (100) miles of his/her primary residence.
4. Receipts don't show the required information.
5. Call to the **Administrator** does not occur within thirty (30) days of his/her Disablement.

To File a Claim:

The **Member** should call the **Administrator** at 1-877-296-4892 within thirty (30) days of the date the **Disablement** occurred. The **Administrator** will mail a claim form to the **Member** to be completed and returned with the following required documentation:

1. A copy of the towing bill showing company and date the **Vehicle** tow occurred.
2. A copy of the receipt showing what repairs were made to the **Vehicle**. No claim will be paid without written documentation.
3. Receipt(s) for all expenses to be reimbursed (hotel/motel, food) showing name of entity, dates lodging or meals occurred and dollar amount spent.

Any other documentation that the **Administrator** may reasonably request.

The completed claim form and required documentation should be mailed within ninety (90) days of the **Disablement** to the **Administrator** at: Emergency Travel Expense, P.O. Box 7690, and St. Clair Shores, MI 48080

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