WARRANTY SOLUTIONS | WARRANTECH

PRODUCT INSTALLATION

Dealership Information

Requested Installation Date:

Dealership Legal Name	Dealer #	DBA
Agent Name	Agent #	Agent Signature

Menu Provider

Name

System Users (Email required for distribution of user credentials)

Dealer Principal	Email
F&I Manager	Email
Office Manager	Email
Service Manager	Email

VSC (Choose which VSC product you will offer)

☐ **Warranty Solutions Select (Platinum, Gold, Silver)**

☐ Standard (Core) ☐ Reinsurance ☐ Retro/EPE (agreement req.) ☐ Max Rewards Bonus Amount (requires bonus form)

Commissions Allocations (W9 + addendum required for Payee(s) and for DNCB)				**NCB:**		**Pack/Markups:**
Agent Commission:	12+ Amount:	3/3 Amount:	6/6 Amount:	NCB Agent (Req.) ☒ 14% Fee	Dealer NCB ☐ $140 flat fee	Internal Pack $:
Additional Payee:	12+ Amount:	3/3 Amount:	6/6 Amount:			
Additional Payee:	12+ Amount:	3/3 Amount:	6/6 Amount:			Dealer Markup $:
Additional Payee:	12+ Amount:	3/3 Amount:	6/6 Amount:			
Additional Payee:	12+ Amount:	3/3 Amount:	6/6 Amount:			

☐ **Warranty Solutions Star (5, 4, 3 Star)**

☐ Standard (Core) ☐ Reinsurance ☐ Retro/EPE (agreement req.) ☐ Max Rewards Bonus Amount (requires bonus form)

Commissions Allocations (W9 + addendum required for Payee(s) and for DNCB)				**Indicate NCB Type to apply to account:**		**Pack/Markups:**
Agent Commission:	12+ Amount:	3/3 Amount:	6/6 Amount:	NCB Agent (Req.) ☒ 12% Fee	Dealer NCB ☐ $100 flat fee	Internal Pack $:
Additional Payee:	12+ Amount:	3/3 Amount:	6/6 Amount:	NCB Pass-Through ☐ 12% Fee		
Additional Payee:	12+ Amount:	3/3 Amount:	6/6 Amount:			
Additional Payee:	12+ Amount:	3/3 Amount:	6/6 Amount:			Dealer Markup $:
Additional Payee:	12+ Amount:	3/3 Amount:	6/6 Amount:			

☐ **Warrantech Edge (CustomEdge/MileEdge)**

☐ Standard (Core) ☐ Reinsurance

Commissions Allocations (W9 + addendum required for Payee(s))

Agent Commission		Base Amount
Additional Payee	Base Amount	☐ Pass-Through
Additional Payee	Base Amount	☐ Pass-Through

PRODUCT INSTALLATION

Lienholders (list preferred accounts):

Name(s):

GAP (Choose which GAP product you will offer)

☐ **No GAP** ☐ **125% Loan to Value** ☐ **150% Loan to Value**

☐ Franchise ☐ Independent ☐ Buy-Here/Pay-Here ☐ Finance Company

Commissions Allocations (W9 + addendum required for Payee(s)) and DNCB					**Indicate NCB Type to apply to account:**	**Pack Amount:**
Agent Commission:	0-60:	61-72:	73-84:	85-96:	No NCB ☐ Agent 30% ☐ Pass Thru 30% ☐ Dealer NCB $140 ☐	Pack $ Amount:
Additional Payee:	0-60:	61-72:	73-84:	85-96:	NOTE: If Dealer NCB is selected, Agent and Pass-Through are included.	
Additional Payee:	0-60:	61-72:	73-84:	85-96:		
Additional Payee:	0-60:	61-72:	73-84:	85-96:		
Additional Payee:	0-60:	61-72:	73-84:	85-96:		

Catalytic Converter

☐ **Catalytic Converter Theft w/ Select VSC 60 Mos.** (W9 and Pass Through for Payee(s) required)

In Mag-Moss States (AK, CT, IA, ME, MT, NV, NH, NM, PA, VT) please see the Standalone Limited Warranty below.

Commission Allocations | Total Remedy Amount Commissions

(Markup required at time of rating for Stencil)

$10 Agent Commission is included with the surcharge.

Agent Name	Agent Commission
Payee Name	Payee Commission
Payee Name	Payee Commission
Payee Name	Payee Commission

*Maximum limit of $5,000 in SC. Product is not available in CA, FL, NY, OH, or UT.

☐ **Standalone Catalytic Converter Theft Vehicle Protection Plan**

Agent Name	Agent Commission
Payee Name	Payee Commission
Payee Name	Payee Commission
Payee Name	Payee Commission

☐ **Standalone Catalytic Converter Theft Limited Warranty MAG-MOSS STATES (AK, CT, IA, ME, MT, NV, NH, NM, PA, VT)**

Dealer Selects term 12, 24, 36, 48, **OR** 60 months and remedy at $2000, $3000, $4000, $5000, $6000, $7000

MAG-MOSS states dealers must only choose one variation of each term and remedy.

Terms Months/Remedy	Term: 12	Remedy: $6,000
Agent Name	Agent Commission	
Payee Name	Payee Commission	
Payee Name	Payee Commission	
Payee Name	Payee Commission	

PRODUCT INSTALLATION

Additional Products

☐ **Select Service Parts & Labor Warranty** ***(Requires separate agreement)*** ☐ Standard (Core) ☐ Reinsurance
☐ **GPS Theft** ***(Requires separate agreement)*** ☐ Standard (Core) ☐ Reinsurance
☐ **Other** (***Detail below the product information for installation***)

Email this product installation sheet, application, W9, required licenses to autoagreements@amyntagroup.com.

All documentation is required to process your application promptly.