CENTURY | AUTOMOTIVE
SERVICE CORPORATION
a MAPFRE company

Sample Dealer Rate Request

Please complete ALL Sections of this form to confirm that the information is accurate and email to APG@centuryservicecorp.com.

Dealer:	Franchised Dealer	Non-Franchised Dealer
Rep:	Division:	

Product	Reinsured	Direct	Roadside	SWDS Commission	Additional Reserves	Internal Dealer Pack	Pack (Over Remit)[1]	Gray Area
Payee								
VSC New / Used								
VSC HM								
LWA - Term _____								
Platinum Shield								
Platinum Shield Plus								
Platinum Shield Elite								
Tech								
Select Care								
Paintless Dent Repair								
Paintless Dent Repair (Non-cancellable) KS ONLY								
Maintenance - Define Program _____								
KARR Guard								
KARR Guard Choice REPAIR ONLY								
KARR Guard Choice (2 Product)								
KARR Guard Choice (3 Product)								
KARR Guard Choice (4 Product)								
KARR Guard Plus								
KARR Guard Premier								
Smart Key								
Smart Key Giveaway								
Tire & Wheel COSMETIC								
KARR Guard Windshield								
Other _____								

Notes:

1 If Pack commission over remit, you must include Dealer Pack Addendum, W-9 of Payee for Payment, and Direct Deposit forrm. Additionally, an email address will be needed if the Pack Payee is other than SWDS as this is where reports will be sent.

DISCLAIMER: This is neither a legal document nor a legal opinion. The information in this document should not be relied upon for legal purposes and is only general in nature. Product availability is subject to change based upon changes in state and federal legislation, laws and regulations.