CENTURY | AUTOMOTIVE
SERVICE CORPORATION
a MAPFRE company

Setup Change Request

Please complete ALL Sections of this form and Sign to confirm that the information is accurate.

Agency and Division:	Today's Date:	
Servicing Rep:	Effective Date:	
Dealer Group (If Applicable):	Producer #:	
Legal Name:	Common Name (dba):	
Address:	City, State:	Zip:
This is a change request form. Any setups that currently exist will remain the same unless specifically requested to be changed below. Amounts entered below will replace what already exists. Please note that any Packs paid to a payee other than APG will require a Dealer Pack Addendum, W-9 and payee email address.		
Rep Signature:	Divisional Signature:	
Date:	Date:	

Reinsurance Information

Platinum Partner?	Name of RIC	New RIC?
Yes ☐ No ☐		Yes ☐ No ☐

AGENT USE ONLY

Setup Change Worksheet

PRODUCT	Reinsured	Direct	Roadside	APG Commission	Additional Reserves	Internal Dealer Pack	Pack (Over Remit)[3]	Gray Area
VSC NEW/USED								
VSC HM								
PLATINUM SHIELD								
PLATINUM SHIELD +								
PLATINUM SHIELD ELITE								
SELECT CARE								
TECH								
KARR GUARD								
KARR GUARD CHOICE (1 PRODUCT)								
KARR GUARD CHOICE (2 PRODUCTS)								
KARR GUARD CHOICE (3 PRODUCTS)								
KARR GUARD CHOICE (4 PRODUCTS)								
KARR GUARD PLUS								
KARR GUARD PREMIER								
KARR GUARD TIRE & WHEEL								
SMART KEY								
SMART KEY GIVEAWAY								
PAINTLESS DENT REPAIR								
TIRE & WHEEL COSMETIC								
MAINTENANCE - Define _____								
LWA WRAP / WRAP PL								
LWA - Define _____								

NOTES / COMMENTS

Use for Multiple Dealers

Account Number (P Number)	Dealer (Corporate Legal Name)	Dealer (Corporate dba Name)	Street Address City,State, ZIP, Phone and Fax	Tax ID #