DriveValue PROTECTION

Administrative Ofice - DriveValue
2509 Isola Bella Dr.
Fort Pierce, Florida 34981
561-213-3324

Agreement No. :

SECTION 1 - Customer Information

First Name : **Last Name :**

Address : **Post Code :** **State :**

Phone No : **Email :**

SECTION 2 - Vehicle Information

Make **Model :**

Year: **Vehicle Identification Number (VIN) :**

Vehicle Purchase Price : **New / Used :**

SECTION 3 - Dealer Information

Name : **Phone No. :**

Address : **Post Code :** **State :**

SECTION 4 - Lienholder Information

Name	Address	City	State	ZIP

SECTION 5 - Agreement

I, (Customer/You) hereby acknowledge that the information contained above is, to the best of my knowledge, true. I (the undersigned) have reviewed the terms of this Agreement and understand the Service Program. This Agreement is not an automobile liability or physical damage insurance policy and is not an insurance contract. The purchase of this Agreement is not a requirement for the purchase, lease, or financing of a covered vehicle, and there is no deductible associated with this Agreement. This Agreement is only valid if purchased at the time of sale of the covered vehicle for Diminished Value Services.

If no term has been indicated in the section titled TERM SELECTED, then coverage will be in effect for One (1) Year. Any modification, alteration, or change to the printed terms, conditions, or coverages of this Agreement renders the Agreement invalid. You will be notified by the Selling Dealer and/or Us if the Agreement is ineligible for coverage.

The Obligor and Administrator is DriveValue, Florida EIN 39-4340694, 2509 Isola Bella dr. Ft. Pierce, FL 34981
Online Claims Portal: **www.drivevalueprotection.com**

Customer Signature | Agreement Purchase Date | Dealer Representative- Signature