

		<b>Body Shop Deductible Payment Program Participation</b>		<b>BDPPP - 64547654</b>	
Dealership Name <b>ATZENHOFFER CHEVROLET CO. INC</b>		Dealership Number		Dealership Phone Number <b>(512) 578-0181</b>	
Address <b>3211 N. NAVARRO</b>		City <b>VICTORIA</b>		State <b>TX</b>	Zip <b>77901</b>
Participant's Name <b>EMILIO CHAVEZ ORTIZ JR.</b>		Participant's Phone Number <b>(361) 935-2779</b>		Participant's Email Address <b>E.ORTIZJR@YAHOO.COM</b>	
Address <b>554 DAVIS LN</b>		City <b>VICTORIA</b>		State <b>TX</b>	Zip <b>77905</b>
Vehicle Year / Make / Model <b>2024 CHEVROLET TRUCK</b>		Vehicle Identification Number <b>1GCPACED0RZ254664</b>		Term of the Program (Months) <b>24</b>	
Vehicle Year / Make / Model <b>SILVERADO 1500</b>		Deductible Amount <sup>(1)</sup> <b>\$500.00</b>		Purchase Date <b>03/23/2024</b>	Odometer <b>523</b>

<sup>(1)</sup> If the Deductible Amount referenced above does not specify an amount, then You acknowledge and agree that such amount shall be deemed to be \$500.00. If the Term of the Program referenced above does not specify a term amount in months, then You acknowledge and agree that such Term of the Program shall be deemed to be twelve (12) months. Further and as used herein, the term "Deductible Amount" shall mean the lesser of: (i) the actual deductible amount established under Your collision or comprehensive insurance policy at the moment of any Vehicle Body Damage, as such term is defined herein, or (ii) the amount stated in the "Deductible Amount" box hereinabove.

#### Generally

This Body Shop Deductible Payment Program ("Program") is made between the original Vehicle purchaser ("Participant", "You", "Your"), and Ethos Group, Inc., the Program provider ("Provider"), regarding Your vehicle, as listed above ("Vehicle") in connection with the designated collision repair facility of the above listed Dealership (herein, "Designated Facility"). **This Program is not insurance.** Subject to the terms and conditions of this Program, the Provider agrees to the following:

- **Benefits.** This Program will together pay to You and the above listed Dealership, or as applicable the Designated Facility, an amount equivalent to the Participant's Deductible Amount listed above, should the Participant's Vehicle experience Vehicle Body Damage; provided however, that YOU HEREBY ACKNOWLEDGE AND AGREE THAT SUCH PAYMENT WILL BE MADE ON YOUR BEHALF TO THE DEALERSHIP AS SOLE PAYEE, AND THAT SUCH PAYMENT FULFILLS THE BENEFIT OBLIGATION PROVIDED BY THIS PROGRAM. As used herein, "Vehicle Body Damage" shall mean an event whereby Your Vehicle comes into direct contact with another vehicle or object and damage results, excepting for total losses, and Your collision or comprehensive insurance policy provides coverage for such damage.
- **Coverage.** This Program shall apply only to insurance claims: (i) resulting from Collisions exceeding the Deductible Amount, and (ii) provided Your collision insurance company pays the balance of the claim.

#### Your Responsibilities, Exclusions, and Limitations

In order to be eligible to receive any benefits herein, all repairs resulting from Vehicle Body Damage must be completed at the Designated Facility's repair facility. Repairs must be performed in full according to the insurance estimate. Payments shall only be made to the Designated Facility's repair facility. No payments will be made directly to the Participant, or any repair facility other than the Designated Facility's repair facility. Further, this Program:

- applies only to, and is Participant-specific and Vehicle-specific. Program is only valid if the collision or comprehensive insurance claim is filed under the name of the Participant on the Vehicle covered under this Program;
- will, in the event Your collision insurance company determines the Vehicle to be a total loss, apply an amount equivalent to the Deductible Amount to Your purchase of a new vehicle from the Dealership. Written proof of a total loss acceptable to Provider must be provided to Provider;
- requires You to purchase and maintain primary collision or comprehensive insurance coverage on the above Vehicle while this Program remains in effect. Termination of Your collision and comprehensive insurance coverage shall automatically terminate this Program;
- will not pay any benefits herein resulting directly, or indirectly, from forgery, or any dishonest, criminal, or fraudulent acts, conversion, embezzlement, or other similar intentional acts by any person in lawful possession of the Vehicle;
- will not pay any benefits herein for Vehicle Body Damage occurring outside of the United States;
- will not pay any benefits herein for Vehicle Body Damage occurring after the expiration of the Term of this Program;
- is non-transferable; and

#### Claims Procedures

In order to receive the benefits provided herein, You must:

- notify the Provider within five (5) days after the Vehicle Body Damage has been reported to Your collision or comprehensive insurance company by calling 888-791-0777; and
- submit a copy of the Designated Facility's completed repair order to the Provider; and
- submit a copy of Your vehicle collision insurance policy as issued by Your primary collision or comprehensive insurance carrier to the Provider.

I hereby Accept and Agree to this Body Shop Deductible Payment Program. Further, I have read, acknowledge, and understand the terms and conditions contained herein, and voluntarily elect to accept participation in this Body Shop Deductible Payment Program.

Participant's  
Signature



Date **03/23/2024**

**For Customer Service or Claims Information, Call (888) 791-0777**

P.O. Box 140249 Irving, TX 75014-0249 (888) 791-0777

White - Provider

Yellow - Dealer

Pink - Customer