



**DECLARATION
CONTRACT #123141**

VEHICLE SERVICE CONTRACT

Administered by **Marathon Administrative Co., Inc.**

Coverage becomes valid only upon receipt and acceptance by Administrator.
Confirmation of coverage may be obtained by contacting the Administrator at 800-205-8988.

VEHICLE PURCHASER	Vehicle Purchaser Jo Boren and Lucinda Bonadio			E-mail address* joboreninformed@gmail.com
	Address 8717 4th S Ave			Telephone (858) 259-9238
	City Inglewood		State CA	ZIP 90305
VEHICLE	Contract Purchase Date 5/09/2021	Vehicle Purchase Date 5/09/2021	Odometer Reading at Purchase Date 62940	Vehicle Identification Number (VIN) 1HGCR2F52GA195235
	Year 2016	Make Honda	Model Accord	
DEALER INFORMATION	Dealer Name Toyota of Hollywood			Dealer Code (650) 924-8242
	Address 6000 Hollywood Blvd			
LIENHOLDER INFORMATION	City Los Angeles			State CA
	Lienholder Name Acme Financial			ZIP 90029
	Address 4797 Wilshire Blvd.			Telephone (650) 996-0438
City Los Angeles			State CA	ZIP 90010
Deductible: <input type="checkbox"/> \$100				Contract Purchase Price \$3500
Coverage: <input type="checkbox"/> Secure One		<input checked="" type="checkbox"/> Secure One Advantage		* By completing the box in the top right hand corner, you are opting into e-mail correspondence. **Contract Purchase Price is paid in a single payment unless the words "No Fee Payment Plan".
New and Used Vehicle Term (Number of Total Months/Miles)				
<input type="checkbox"/> <u>0-50,000 miles</u>		<input type="checkbox"/> <u>50,001 – 100,000 miles</u>		<input type="checkbox"/> <u>100,001 – 150,000 miles</u>
<input type="checkbox"/> Check if factory warranty is in-force		<input checked="" type="checkbox"/> 36/30000		<input checked="" type="checkbox"/> 36/30000
Additional Coverages: Included: <input type="checkbox"/> Turbo/Supercharger <input type="checkbox"/> 1 Ton <input type="checkbox"/> 4WD / AWD				Waiting Period: Secure One: 14 Days or 1,000 miles

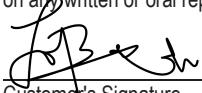
The lienholder has been named as an additional loss payee.

DISCLOSURES

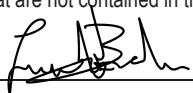
- 1.) The components and parts covered under this Contract are listed under the section entitled "COVERAGES – WHAT THIS CONTRACT COVERS" for the Coverage indicated above.
- 2.) I understand that if I have a mechanical breakdown I am to follow the instructions listed under the section entitled "WHAT TO DO IF YOU HAVE A BREAKDOWN".
- 3.) I understand that in order to keep this Contact in effect, I must have my Vehicle serviced as indicated in the second paragraph of the section entitled "CONTRACT HOLDER OBLIGATIONS".
- 4.) I understand that I have the right to cancel this Contract and receive a refund as indicated under the section entitled "CANCELLATION PROCEDURE".

- 5.) I understand that this Contract does not cover a number of exclusions which are listed under the section entitled "EXCLUSIONS – WHAT THIS CONTRACT DOES NOT COVER".
- 6.) Coverage is listed in YOUR Contract and is not subject to any verbal representations made by the seller of this contract.
- 7.) This Service Contract may run concurrent with and is secondary to any applicable Manufacturer's Warranty.
- 8.) THIS SERVICE CONTRACT IS NEITHER AN INSURANCE POLICY NOR A SELLERS WARRANTY.
- 9.) The purchase of this vehicle service contract is not required in order to purchase or obtain financing for motor vehicle.
- 10.) This Service Contract applies only to the above described vehicle.
- 11.) I understand that if at any time I (or a person I am responsible for or who has authority from me) provides any contact information to any of the parties identified in this Contract as the ADMINISTRATOR (or issuer), DEALER (or seller), INSURER, PARTICIPATING LENDER (or lienholder), regarding how or where I can be contacted (including, without limitation, a mobile, wireless or landline telephone number, a mailing or postal address or an email address), I consent to receive contacts and communication from any of said parties in any manner, including, without limitation: automated emails, voice mails, written statements, facsimiles, texts, autodialed calls and pre-recorded messages, which could result in charges to me.
- 12.) I understand that this Contract is guaranteed under a Reimbursement Insurance Policy, issued by Dealers Assurance Company ("Insurer"), 3518 Riverside Drive, P.O. Box 21185, Columbus, OH 43221 (800) 282-8913. I may file a claim under the Reimbursement Policy directly with Dealers Assurance Company.

I, the purchaser, acknowledge that I have read, understand and accept all the terms of this Contract, have received a complete copy of the same, and that I am not relying on any written or oral representations that are not contained in this Contract.



Customer's Signature



5/09/2021

Date



Dealer Representative's Signature