



APPLICATION REMITTANCE FORM

| | | | | | | |
|----------------|----------------|-------|-------|-----|-------------------------|------------|
| ISSUING DEALER | STREET ADDRESS | CITY | STATE | ZIP | DEALER # | AGENT NAME |
| DATE SUBMITTED | COMPLETED BY | TITLE | | | PHONE NUMBER () | |

INDIVIDUAL PRODUCT COST IS REQUIRED BELOW

| NO. | DATE | CONTRACT APPLICATION # | CUSTOMER NAME | SERVICE CONTRACT TERM | | COVERAGE CODE | CLASS CODE | DEDUCTIBLE | # OF PSP INTERVALS | PSP COST | THEFT LIMIT (\$) | TOTAL DUE UCC |
|-----|------|------------------------|---------------|-----------------------|-------|---------------|------------|------------|--------------------|----------|------------------|---------------|
| | | | | MONTHS | MILES | | | | | | | |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | |

TOTAL DUE UCC

MAKE CHECK PAYABLE TO: UNITED CAR CARE, INC.
MAIL FORM, APPLICATIONS AND CHECK TO: UNITED CAR CARE INC., PO BOX 3988, GREENWOOD VILLAGE, CO 80155-3988
PHONE: 800-571-6412 FAX: 303-785-7001

WHITE - UCC YELLOW-DEALER PINK-AGENT