

**American Bankers Insurance Company of Florida
A Stock Insurance Company
11222 Quail Roost Drive, Miami, FL 33157**

Claims Service Center: 12800 Angel Side Dr., Leander, TX 78641; Phone: (800) 346-6469
THEFT AVERT® Preferred Protection Program
CERTIFICATE OF COVERAGE

Named **GROUP MEMBER** _____ Date _____ Purchase Price _____

Address _____ City _____ State _____ Zip _____

Dealer Name _____ Dealer # _____

Address _____ City _____ State _____ Zip _____

Covered Vehicle	_____					_____
	Year	Make	Model	VIN (Vehicle Identification Number)		Permanent Number on Vehicle

This certifies the above-described **COVERED VEHICLE** has been equipped with an installed Vehicle Security Anti-Theft System designed to deter theft and assist authorities in the recovery of the **STOLEN VEHICLE**. This **CERTIFICATE OF COVERAGE** shall not duplicate coverage afforded by any other insurance policy coverage, including **YOUR** comprehensive physical damage policy from **YOUR PRIMARY AUTOMOBILE INSURANCE CARRIER**.

FOR INSURANCE COMPANY USE ONLY

PERIOD OF COVERAGE: 3 years 5 years from the Effective Date of this **CERTIFICATE OF COVERAGE**. If the **COVERED VEHICLE** is stolen within the Effective **Coverage Period**, **YOU** will be entitled to the **LIMITED BENEFIT** stated below, provided that: 1) **YOU** are still the **GROUP MEMBER** named above; and 2) all the Conditions stated below are met.

MAXIMUM BENEFIT PAYABLE UNDER PREFERRED PROTECTION PROGRAM:

\$5,100.00 LIMITED BENEFIT

Following the application or installation of a **THEFT AVERT** System on **YOUR COVERED VEHICLE**; and when the terms and conditions of Coverage are met and **YOUR COVERED VEHICLE** is later stolen, **WE** will pay a loss **BENEFIT** defined under the **THEFT AVERT PREFERRED PROTECTION PROGRAM BENEFITS** to **YOU**.

Upon **OUR** payment of a **Total Loss BENEFIT** under this Policy for any one **COVERED VEHICLE**, due to theft and non-recovery, or recovery where vehicle is declared a total loss, all coverage with respect to that **CERTIFICATE OF COVERAGE** will stop.

I understand that the purchase of the Vehicle Security Anti-Theft System is voluntary and is not required in order to obtain financing, or to obtain more favorable credit terms for the above described vehicle. This **CERTIFICATE OF COVERAGE** and all amendments thereto make up the complete contract of insurance between the **INSURER** and the **GROUP MEMBER**. No person can alter or waive any part of this **CERTIFICATE OF COVERAGE** or make any agreement which binds **US**. In the event **YOU** are unable to obtain satisfaction of **YOUR BENEFITS**, **YOU** may file a direct claim with **US** at: American Bankers Insurance Company of Florida; 11222 Quail Roost Drive, Miami, FL 33157-6596; (866) 306-6694.

Customer's Signature

Date

Authorized Dealer Signature

Date

PROGRAM BENEFITS TO GROUP MEMBER:

- I.) Total Loss Protection - If the **COVERED VEHICLE** is not recovered within thirty (30) days or recovered within thirty (30) days and declared a Total Loss as a result of theft by the **PRIMARY AUTOMOBILE INSURANCE CARRIER**, then on behalf of the **GROUP MEMBER**, the **AUTOMOBILE DEALER** will be paid a \$2,500.00 total loss **BENEFIT** toward the purchase or lease of a **REPLACEMENT VEHICLE**, provided however that the **REPLACEMENT VEHICLE** is purchased or leased within 120 days of **DATE OF LOSS**.
- II.) Recovered Damaged Protection. If the **COVERED VEHICLE** is recovered within thirty (30) days with damage as a result of theft, the **GROUP MEMBER** will be paid the **GROUP MEMBER's** Comprehensive Deductible up to \$1,000.00;
- III.) Travel Allowance - The **GROUP MEMBER** is reimbursed up to \$1,000.00 if the vehicle is stolen when traveling over two hundred (200) miles from **YOUR** permanent residence. **YOU** the owner will be reimbursed up to one hundred sixty seven dollars (\$167) per day for a maximum of six (6) days for meals (restaurant only) and lodging (hotels, motels only) expenses incurred;
- IV.) Airfare Allowance - The **GROUP MEMBER** is reimbursed up to \$1,000.00 if the vehicle is stolen when traveling over five hundred (500) miles from **YOUR** permanent residence. **YOU** the owner will be reimbursed up to \$1,000 for airfare necessary to return **YOU** and **YOUR** immediate family to **YOUR** place of primary residence;
- V.) Rental Car Allowance - The **GROUP MEMBER** is reimbursed up to five hundred dollars (\$500) if the vehicle is stolen. **YOU** the owner will be reimbursed up to twenty dollars (\$20) per day to a maximum of five hundred dollars (\$500) for rental car expenses incurred in excess of what is not covered by **YOUR** primary insurance company;
- VI.) Long Distance Telephone Allowance - The **GROUP MEMBER** is reimbursed up to one hundred dollars (\$100) if the vehicle is stolen when traveling over two hundred (200) miles from **YOUR** permanent residence. **YOU** the owner will be reimbursed for up to one hundred dollars (\$100) worth of long distance telephone calls related to the vehicle theft to notify relatives, employers, insurance companies, etc.

TO REPORT A CLAIM CONTACT ADMINISTRATOR:

12800 Angel Side Drive, Leander, Texas 78641 • 800-346-6469 or visit www.fasterclaims.com

I DECLINE to purchase the **THEFT AVERT PREFERRED PROTECTION PROGRAM**. I understand that in the event that my vehicle is stolen, I AM NOT ENTITLED TO A CLAIM **BENEFIT** OFFERED BY THE **THEFT AVERT ANTI-THEFT PROGRAM**.

Customer's Signature

Date

Contract # N2XX— Plus last 8 digits of VIN - SEE ABOVE

ADMINISTRATOR: Innovative Aftermarket Systems L.P.

AB1259GPC-0610
LZX 57551

12800 Angel Side Drive, Leander, Texas 78641 - 800-346-6469

White - Administrator • Canary - Dealer • Pink - Customer

N2XX 060110

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CLAIMS REPORTING AND SETTLEMENT: To report a claim, please call the **ADMINISTRATOR** toll free at 1-800-346-6469. The **GROUP MEMBER** shall notify the **ADMINISTRATOR**, at the address and telephone number listed on the **CERTIFICATE OF COVERAGE**, of a claim for loss within forty-five (45) days of the final primary insurance settlement date. To recover under this **CERTIFICATE OF COVERAGE**, the **GROUP MEMBER** must provide the **ADMINISTRATOR** a legible copy of: A.) Police Report and recovery report; B.) **GROUP MEMBER'S Primary Automobile Insurance Policy**; C.) Insurance settlement check; D.) Original paid receipt(s) for reimbursement **BENEFIT(s)** payable; E.) Surrender the original **CERTIFICATE OF COVERAGE**; F.) The **COVERED VEHICLE** purchase or lease agreement; and G.) The **REPLACEMENT VEHICLE** purchase or lease agreement. The **GROUP MEMBER** agrees to complete all necessary paperwork that the **INSURER** requires regarding the reporting of said theft to **INSURER**. All adjusted claims for losses shall be paid to the **GROUP MEMBER** within thirty (30) days after satisfactory presentation and acceptance of all information to the **INSURER**.

INSURING AGREEMENT: The **INSURER** shall pay to or on behalf of the **GROUP MEMBER** for loss to the **COVERED VEHICLE** arising from theft subject to the limits and terms and conditions of this **CERTIFICATE OF COVERAGE**. When a **THEFT AVERT** System has been installed on **YOUR COVERED VEHICLE**; and when the terms and conditions of this **CERTIFICATE OF COVERAGE** are met; and **YOUR COVERED VEHICLE** is later stolen, **WE** will pay a loss **BENEFIT** defined under the **THEFT AVERT PREFERRED PROTECTION PROGRAM BENEFITS** to or on behalf of the **GROUP MEMBER**.

DEFINITIONS: ACTUAL CASH VALUE: The value of the **GROUP MEMBER'S COVERED VEHICLE** at the time it was stolen, as determined by the **PRIMARY AUTOMOBILE INSURANCE CARRIER**, which shall include any tax, title and license fees included in the **GROUP MEMBER'S** settlement by the **PRIMARY AUTOMOBILE INSURANCE CARRIER**. **AUTOMOBILE DEALER:** The seller of automobiles, trucks and vans that installed the **THEFT AVERT SYSTEM** and is listed on the **CERTIFICATE OF COVERAGE**. The **AUTOMOBILE DEALER** must be an authorized provider of **THEFT AVERT**. If the **AUTOMOBILE DEALER** is no longer an authorized provider of **THEFT AVERT** at the time

of the loss **BENEFIT** payment, the **ADMINISTRATOR, ON BEHALF OF THE INSURER** will provide an **AUTOMOBILE DEALER** to facilitate the purchase or lease of the **REPLACEMENT VEHICLE**. **BENEFIT:** The amount payable under this Certificate with respect to a **COVERED VEHICLE**. This **BENEFIT** will be the amount payable as defined under **THEFT AVERT PREFERRED PROTECTION SYSTEM BENEFITS** to or on behalf of the **GROUP MEMBER** and subject to the Limit of Liability stated on the **CERTIFICATE OF COVERAGE**. The Coverage under this Certificate shall not duplicate coverage afforded by **YOUR** comprehensive physical damage policy from **YOUR PRIMARY AUTOMOBILE INSURANCE CARRIER**. Upon **OUR** payment of a **Total Loss BENEFIT** under this Certificate for any one **COVERED VEHICLE**, due to theft and non-recovery, or recovery where vehicle is declared a total loss, all coverage with respect to that **CERTIFICATE OF COVERAGE** will stop. The **INSURER** will pay all covered claims in United States currency regardless of where the loss occurred. **CERTIFICATE OF COVERAGE:** The document issued to the **GROUP MEMBER** which outlines the definitions, terms, conditions and exclusions of the coverage afforded under this Certificate with respect to the **GROUP MEMBER'S COVERED VEHICLE**. **COVERED VEHICLE:** The vehicle **YOU** purchased or leased (new or used) listed on the **CERTIFICATE OF COVERAGE** equipped with an installed Vehicle Security Anti-Theft System and: 1.) that is a non-commercial vehicle driven in the United States, its territories or possessions, Puerto Rico or Canada; 2.) that has been reported to the **INSURER** on a Premium Remittance Report; and 3.) for which the **INSURER** has received a premium under the Conditions of this Certificate. **DATE OF LOSS:** The date, as reported to the police agency having jurisdiction over the matter, on which a **COVERED VEHICLE** is reported stolen. **GROUP MEMBER, YOU, YOUR:** The person, business or entity to whom the **COVERED VEHICLE** was sold or leased and to whom a **CERTIFICATE OF COVERAGE** has been issued under this Certificate or the person to whom a **CERTIFICATE OF COVERAGE** has been issued by virtue of a properly executed Transfer Option. **INSURER, WE, US, OUR:** The insurance company issuing this **CERTIFICATE OF COVERAGE** and named on the cover page. **PRIMARY AUTOMOBILE INSURANCE CARRIER:** The insurance company providing the **GROUP MEMBER** with comprehensive physical damage insurance coverage for a minimum of the actual cash value of the **COVERED VEHICLE** as of the **DATE OF LOSS**. **REIMBURSED EXPENSES:** Trip allowance expense paid directly out-of-pocket by the **GROUP MEMBER** to a company or entity providing rental car service, air transportation, lodging, meals and telephone service due to the theft of a **COVERED VEHICLE** that are in excess of any amounts paid (but limited to Plan Benefits) to the **GROUP MEMBER** or on behalf of the **GROUP MEMBER** by the **PRIMARY AUTOMOBILE INSURANCE CARRIER**. A trip allowance expense will not be paid unless the theft claim is paid on the **COVERED VEHICLE** under the terms and conditions of the **CERTIFICATE OF COVERAGE**.

REPLACEMENT VEHICLE: The vehicle purchased or leased by the **GROUP MEMBER** under the terms of the **CERTIFICATE OF COVERAGE** as a replacement for the loss of the **GROUP MEMBER'S COVERED VEHICLE**. **STOLEN VEHICLE:** The **COVERED VEHICLE** shall be considered stolen for purposes of **BENEFIT** payment(s) under this **CERTIFICATE OF COVERAGE** after the occurrence of all of the following events: I. **GROUP MEMBER** must have reported the theft to the police having jurisdiction of the matter within ten (10) days and to the **ADMINISTRATOR** named on the **CERTIFICATE OF COVERAGE** within forty-five (45) days of insurance settlement date; and II. The **GROUP MEMBER** of the **COVERED VEHICLE** must have comprehensive physical damage insurance in effect with a **PRIMARY AUTOMOBILE INSURANCE CARRIER** at the time of the theft and must have received an insurance claims settlement by reason of the theft; and III. Thirty (30) days must have passed after the date of the theft without the **COVERED VEHICLE** having been recovered; or recovered but declared a total loss by reason of theft by the **PRIMARY AUTOMOBILE INSURANCE CARRIER**; or recovered damaged and a comprehensive deductible was charged to the **GROUP MEMBER** on settlement by **PRIMARY AUTOMOBILE INSURANCE CARRIER**. **THEFT AVERT SYSTEM:** The anti-theft system marketed by IAS Warranty, Inc. under the trade name(s) **THEFT AVERT** and **Protection Plus**. **USED VEHICLE:** A vehicle which has been registered or licensed to a previous purchaser.

EXCLUSIONS: This Certificate does not provide coverage for losses incurred for reasons other than theft, subject to the terms and conditions specifically enumerated in this Certificate. Upon **OUR** payment of a **Total Loss BENEFIT** under this Certificate for any one **COVERED VEHICLE**, due to theft and non-recovery, or recovery where vehicle is declared a total loss, all coverage with respect to that **CERTIFICATE OF COVERAGE** will stop. The **INSURER** is not liable for payment: I. If **COVERED VEHICLE** has no comprehensive physical damage coverage in effect with a **PRIMARY AUTOMOBILE INSURANCE CARRIER** on the **DATE OF LOSS**; II. If payment by the **GROUP MEMBER'S PRIMARY AUTOMOBILE INSURANCE CARRIER** has not been made; III. If the **COVERED VEHICLE** is not considered a **STOLEN VEHICLE** as defined in this Certificate; or IV. For any payment that duplicates coverage afforded the **GROUP MEMBER** by any other insurance policy or coverage, including the comprehensive physical damage coverage provided by the **GROUP MEMBER'S PRIMARY AUTOMOBILE INSURANCE CARRIER**. This **CERTIFICATE OF COVERAGE** does not cover loss: I. Resulting from theft occurring prior to the Effective Date of this Certificate; II. Resulting directly or indirectly from negligence, gross negligence, willful or intentional conduct or from any dishonest, fraudulent, criminal, or illegal act committed by **YOU, YOUR** partners, officers or employees or agent, the **GROUP MEMBER** or the **GROUP MEMBER'S** partners, officers or employees or agent; III. Occurring outside of the United States, except its territories or possessions, Puerto Rico or Canada; IV. Caused by or resulting from insurrection, rebellion, revolution, civil war, usurped power or action taken by governmental authority in hindering, combating or defending against such occurrence, seizure or destruction, under quarantine or customs regulations; confiscation by order of any government or public authority risks of contraband or illegal transportation or trade; V. Occurring to personal property of the **GROUP MEMBER** located in the **COVERED VEHICLE**; VI. When the **GROUP MEMBER** does not provide first notice of loss to the Program **ADMINISTRATOR** listed on the **CERTIFICATE OF COVERAGE** within forty-five (45) days of insurance settlement date; VII. When the **GROUP MEMBER'S PRIMARY AUTOMOBILE INSURANCE CARRIER** has not paid or refuses to pay any monies for the **COVERED VEHICLE**. This **CERTIFICATE OF COVERAGE** does not provide coverage for liability or consequential damages, including, but not limited to bodily injury, property damage liability, medical payments, physical damage, uninsured or underinsured motorist, personal injury protection, consequential damages or losses, punitive and/or exemplary damages arising from actions by the **GROUP MEMBER** other than those stated in this **CERTIFICATE OF COVERAGE**.

CONDITIONS: PRIMARY INSURANCE REQUIREMENT: It is understood and agreed that for each **COVERED VEHICLE**, the **GROUP MEMBER** shall be required to carry comprehensive physical damage coverage (Primary Insurance) with a licensed **INSURER (PRIMARY AUTOMOBILE INSURANCE CARRIER)**. In the event that a **COVERED VEHICLE** is sold, assigned or transferred (except by Transfer Option) before the Expiration Date of the **CERTIFICATE OF COVERAGE**, coverage under this Certificate shall terminate as of the date of sale, assignment or transfer of the **COVERED VEHICLE**, and the premium paid for that **COVERED VEHICLE** shall be deemed fully earned by **INSURER**. **TRANSFER OPTION:** The **CERTIFICATE OF COVERAGE** may be transferred to a second owner provided that the second owner contacts the **ADMINISTRATOR** by telephone at (800) 346-6469 to initiate the within thirty (30) days of the date of sale and a fifty dollar (\$50) transfer fee has been paid to the **ADMINISTRATOR** by the second owner. **NO BENEFIT TO BAILEE:** No one holding, storing, transporting or using the **COVERED VEHICLE** for a fee shall be permitted to receive a **BENEFIT** under this **CERTIFICATE OF COVERAGE**. **SUIT:** No suit, action or proceeding for the recovery of any claim under this **CERTIFICATE OF COVERAGE** shall be sustainable in any court of law or equity unless the same be commenced within six (6) years after discovery by the **GROUP MEMBER** of the occurrence which gives rise to the claim. **CONFORMITY TO STATUTES:** Terms of this **CERTIFICATE OF COVERAGE** which are in conflict with the statutes of the State in which this **CERTIFICATE OF COVERAGE** is issued are hereby amended to conform to such statutes. **CANCELLATION:** If cancelled by **GROUP MEMBER** within thirty (30) days of purchase, a full refund will be made, less any claims paid. If cancelled after thirty (30) days, the refund is calculated on a pro-rata basis less a cancellation charge of fifty dollars (\$50), less any claims paid. Refund will be sent to lienholder unless lien is satisfied. **MISREPRESENTATION AND FRAUD:** If the **GROUP MEMBER** has made any untrue material misrepresentations with respect to the coverage provided hereunder, it is expressly agreed that this **CERTIFICATE OF COVERAGE** shall automatically expire and will afford no further coverage or refund of premium earned. **ENTIRE CONTRACT - CHANGES:** This **CERTIFICATE OF COVERAGE**, including the attached endorsements, if any, constitutes the entire contract. No change in the Policy shall be valid unless approved by an officer of **OUR** Company, in writing, and such approval is endorsed or attached to the Policy. Notice to its authorized representative or to any other agent or representative of the **INSURER** or knowledge possessed by any such agent or representative or by any other person shall not effect a waiver or change in any part of the Policy or prevent the **INSURER** from asserting any right under the terms of this **CERTIFICATE OF COVERAGE**; nor shall the terms of this **CERTIFICATE OF COVERAGE** be waived or changed, except by a written supplement or endorsement signed by the **INSURER** and made a part of this **CERTIFICATE OF COVERAGE**. **SUBROGATION:** Upon payment of any loss by the **INSURER**, the **INSURER** shall be subrogated to all of the **GROUP MEMBER'S** rights of recovery therefore against any person or organization, and the **GROUP MEMBER** shall execute and deliver instruments and papers and do whatever is necessary to secure rights. The **GROUP MEMBER** shall do nothing after such loss to prejudice such rights.

ARBITRATION: Read the following Arbitration Provision carefully. It limits certain of **YOUR** rights, including **YOUR** right to a jury trial and to obtain redress through the courts. Arbitration Provision: Any claims, disputes or controversies arising out of or relating to this **CERTIFICATE OF COVERAGE** shall be settled by arbitration to be held before a single arbitrator in the State of New York in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction. This Arbitration Provision is part of a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act, 9 U.S.C. § 1 et seq. If any portion of this Arbitration Provision is deemed invalid or unenforceable, it shall not invalidate the remaining portions of this Arbitration Provision, except that in no event shall this Arbitration Provision be amended or construed to permit arbitration on behalf of a group or class or arbitration on behalf of any individual other than **YOU** or a person named on **YOUR CERTIFICATE OF COVERAGE**. No Class Actions/No Joinder of Parties: **YOU** agree that any arbitration proceeding will only consider **YOUR** Claims. Claims by, or on behalf of, other individuals will not be arbitrated in any proceeding that is considering **YOUR** Claims. You also agree that **YOU** will not join with others to bring Claims in the same arbitration proceeding unless all such persons are named on **YOUR CERTIFICATE OF COVERAGE**. **YOU AND WE UNDERSTAND AND AGREE THAT BECAUSE OF THIS ARBITRATION PROVISION, NEITHER YOU NOR WE WILL HAVE THE RIGHT TO GO TO COURT EXCEPT AS PROVIDED ABOVE OR TO HAVE A JURY TRIAL OR TO PARTICIPATE AS ANY MEMBER OF A CLASS OF CLAIMANTS PERTAINING TO ANY CLAIM.**

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