

TECHNET PROFESSIONAL ROADSIDE ASSISTANCE PROGRAM TERMS AND CONDITIONS



This Roadside Assistance Program (the "Program") is complimentary with your purchase of \$25.00 or more in parts and/or service for your vehicle from this TechNet Auto Service facility. Your Program benefit begins on the date identified on your invoice from the participating authorized service facility and continues for 365 days from the date of your invoice ("Coverage Period"). All services provided through the Program are described below:

Covered Vehicle: Coverage is specific to the vehicle identified on the invoice (the "Covered Vehicle") and will be provided to the vehicle owner, spouse, and/or dependent children when driving the Covered Vehicle. Requests for roadside assistance will only be honored for Covered Vehicles under the Program.

Covered Vehicles Exclude: Vehicles with a manufacturer's load rating capacity greater than one and one-half tons including vehicles designed for, built for or used in a private recreational or commercial application including but not limited to Class A (or Type A) Motor Homes and Class C (or Type C) Motor Homes. Any motorcycles. Any emergency service vehicle, any vehicle used for hire, towing, construction, or postal service. Any vehicle used for farm, ranch, agriculture, or off-road use (off-road use is described as driving on anything that is not a paved or gravel road maintained by the state or local authority).

Roadside Assistance: If you are in need of roadside assistance for your Eligible Vehicle, contact a licensed service provider of your choice.

Benefit Limit: The Program benefit is limited to the reimbursement of two (2) roadside assistance incidents for any covered services per Coverage Period per Covered Vehicle, up to a maximum eligible reimbursement amount of seventy-five (\$75.00) dollars per disablement (the "Benefit Limit"). The total maximum reimbursement during any Coverage Period will under no circumstances exceed one hundred fifty (\$150.00) dollars per Covered Vehicle. You will be reimbursed for covered services up to the Benefit Limit upon our receipt of your complete request for reimbursement.

Covered Services:

1. Towing - When towing is necessary, the disabled Covered Vehicle will be towed to the nearest qualified repair facility or to the repair facility of your choice.
2. Lock-Out Assistance - Assistance will be provided in unlocking the Covered Vehicle in the event the keys are lost or locked inside.
3. Flat Tire Assistance - If the Covered Vehicle's spare tire is serviceable, it will be installed to replace the flat tire. If the disabled Covered Vehicle has no serviceable spare, or if it has two or more flat tires, the vehicle will be towed.
4. Fuel, Oil, Fluid and Water Delivery Service - An emergency supply of gasoline (where permitted), oil, fluid and water will be delivered to any Covered Vehicle in immediate need. The customer must pay for the costs of the actual fluids delivered.
5. Battery Jump-Start - If a battery failure occurs, a battery jump-start will be provided to start the Covered Vehicle.

Service Limits & Requirements: Service is limited to the Covered Vehicle and will be provided to the vehicle owner, spouse and/or dependent children when driving the Covered Vehicle. The Benefit Limit applies to all Covered Services.

Program coverage includes, per Covered Vehicle, up to two (2) reimbursable roadside assistance incidents per Coverage Period.

The Program is intended to cover emergencies and is not intended to be a substitute for proper vehicle maintenance or repair.

The driver of the Covered Vehicle must be with the Covered Vehicle when the Service Provider arrives, as roadside assistance cannot be provided to an unattended vehicle. If the driver is not with the Covered Vehicle, you may be charged for an associated fee by the Service Provider that is not covered or reimbursable under the terms of this Program.

To file a request for reimbursement, you must submit the following information within sixty (60) days of the disablement:

1. Your current contact information including phone number and address; the first and last name of the person driving the vehicle at time of disablement and their relation to the vehicle owner identified on the invoice; and the type of roadside assistance for which you are requesting reimbursement.
2. Copy of your invoice from the automotive service facility showing the following:
 - A Legible Date, and
 - Your Name, Home Address, Phone Number, and
 - Vehicle Year, Make, Model
 - A purchase of \$25.00 or more in parts and/or service for your vehicle.
3. AND any ONE of the following
 - A copy of the invoice from the Service Provider
 - A copy of your credit card statement showing payment to the Service Provider
 - please conceal your credit card number before sending your statement.
 - The reference code provided by the roadside assistance dispatcher

Documents may be sent by fax to 1-866-924-3668, by email to mechclaims@sonsiso.com, or by postal mail to TechNet Customer Care, P.O. Box 17659, Golden, CO 80402.

Services Not Covered:

1. Repair or damage to a Covered Vehicle.
2. Cost of parts, replacement keys, lubricants, fluids; cost of installation of products or materials.
3. Tire repair or non-emergency mounting or removing of any tires, snow tires, or chains.
4. Service on a vehicle that is not in a safe condition to be towed.
5. Impound towing or towing by other than an authorized service provider
6. Vehicle storage charges.
7. Any additional labor related to towing due to specialized equipment or processes required to transport your Covered Vehicle due to non-factory modifications or enhancements made to the Covered Vehicle.
8. Towing from or repair work performed at a service station, garage or repair shop.
9. Towing by other than a licensed service station or garage.
10. A second tow for the same disablement.
11. Towing or service on roads not regularly maintained, such as sand beaches, open fields, forests, and areas designated as not passable due to construction, etc.
12. Towing at the direction of a law enforcement officer relating to traffic obstruction, impoundment, abandonment, illegal parking, or other violations of law.
13. Traffic fines, citations or penalties.
14. Coverage shall not be provided in the event of emergencies resulting from the use of intoxicants or narcotics, or the use of the Covered Vehicle in the commission of a felony.
15. Any roadside assistance services provided to a Covered Vehicle by a private citizen's assistance is not covered and is not reimbursable.
16. Non-emergency towing or other non-emergency service.


Neither the Program nor the participating automotive service facility is responsible for acts or omissions of independent contractors.



ROADSIDE ASSISTANCE REIMBURSEMENT REQUEST / RECEIPT		NO.
Payee Name (Your Name): _____ Mailing Address: City: State: Zip Code:		Service Provider Name: _____ City: State:
Date	DESCRIPTION OF SERVICE (CIRCLE ONE)	AMOUNT
	Tow Flat Tire Jump Start Fuel Delivery Lockout Aid	
	SUBTOTAL	
	TAX	
	TOTAL	

NOTE: To be used when the service provider does not issue or provide a service receipt. Fax, email, or mail the request form including a copy of your last repair invoice for reimbursement.

FAX NUMBER: **866-449-7301** | EMAIL: **MECHCLAIMS@SONSIO.COM**
 ADDRESS: **TECHNET CUSTOMER CARE P.O. BOX 17659, GOLDEN, CO. 80402**

RECEIPT		NO.										
 Service Provider Name: _____ City: _____ State: _____		 <table border="1"> <thead> <tr> <th>DATE</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td style="text-align: right;">SUBTOTAL</td> <td> </td> </tr> <tr> <td style="text-align: right;">TAX</td> <td> </td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td> </td> </tr> </tbody> </table>	DATE	AMOUNT			SUBTOTAL		TAX		TOTAL	
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