

AUTOMOTIVE DEALER AND AGENT CLAIM FORM

AUTOMOTIVE DEALER/AGENT CLAIM FORM - COMPLETE FOR MONETARY RECOVERY

YOU MUST COMPLETE AND MAIL THIS CLAIM FORM BY FIRST CLASS U.S. MAIL, POSTAGE PAID, POSTMARKED ON OR BEFORE JULY 17, 2006 ADDRESSED AS FOLLOWS IN ORDER TO RECEIVE A MONETARY RECOVERY:

**Automotive Dealer/Agent
c/o Gilardi & Co. LLC
P.O. Box 8060
San Rafael, CA 94912-8060**

INSTRUCTIONS

1. Please complete and sign the Claim Form to be eligible for payment. The information requested relates to your customers' Vehicle Service Contracts for which the Issuer was insured by National Warranty Insurance Risk Retention Group.
2. Please send documentation supporting your claim with this Claim Form. If additional documentation is deemed necessary, a separate request will be sent to you directly. If you have already sent supporting documentation to SC&E, APA or Triad or one of their representatives, please check the box on page 2 of this Claim Form.
3. Please submit all claims that have occurred to date. Subsequent claims may be submitted on a quarterly basis by filing an additional Claim Form with supporting documentation. Additional claims filed after the claims cutoff date will be paid on a pro-rata basis if sufficient funds remain after all initial claims have been paid.
4. Only a person authorized to represent the Automotive Dealer or Agent can complete the Claim Form on behalf of the Automotive Dealer or Agent represented by him and must be signed under penalty of perjury.

**ACCURATE CLAIMS PROCESSING TAKES TIME.
YOUR PATIENCE IS APPRECIATED.**

Name

Address

City, State, Zip

Please Type or Print

Check here [] for payment of an unreimbursed repair claim

Name of Automotive Dealer/Agent

Vehicle Service Contract Holders (attach list, if necessary)

Current Street Address(es)

Vehicle Service Contract Numbers for Holders (attach list, if necessary)

City

State

Zip Code

Please send documentation supporting your claim with this Claim Form. If additional information is necessary you will be contacted. If you have already sent supporting documentation to SC&E, APA or Triad, or one of their representatives, please check this box []. Thank you.

Area Code Telephone Number

Email Address

Area Code Facsimile Number

\$_____ is total amount of unreimbursed repairs paid for or made by the named Automotive Dealer or Agent on behalf of Class Members as defined in the Notice

I certify on this ____ day of _____, 2006, under penalty of perjury under the laws of the United States and applicable state laws that the above information is true and correct, that I have read and understand the terms to this Claim Form and the terms that are fully set forth in the Notice, Proxy, Release and Claim Form ("Notice") which terms I agree are by this reference to the Notice fully incorporated herein as if the Notice were fully set forth herein and I am NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code.*

(Name of Automotive Dealer/Agent)

(Sign your name here)

(Type or print name here)

(Title of persons signing, e.g., Owner, President, Vice President, etc.)

Acceptance by Issuer:

*NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the word "not" in the certification above.