*****TO FILE A CLAIM FORM GO TO: www.gilardi.com/rocker*****

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 DECEMBER 19, 2005 ADDRESSED AS FOLLOWS IN ORDER TO RECEIVE A MONETARY RECOVERY:

SC&E Claims Administrator
c/o Gilardi & Co. LLC
P. O. Box 808070
Petaluma, CA 94975-8070

INSTRUCTIONS

1. Please complete and sign the Claim Form to be eligible for payment. The information requested relates to your Vehicle Service Contract for which the issuer was insured by National Warranty Insurance Risk Retention Group. All joint holders sign the Claim Form. If you move, please send us your new address.
2. Please do not send any supporting documentation at this time. If such documentation is deemed necessary, a separate request will be sent to you directly.
3. Executors, administrators, guardians, conservators and trustees must complete the Claim Form on behalf of persons represented by them, their titles or capacities must be stated, and proper proof of such capacity must be submitted with the Claim Form.

ACCURATE CLAIMS PROCESSING TAKES TIME.
YOUR PATIENCE IS APPRECIATED.

Check here [ ] for payment of an unreimbursed repair claim
Check here [ ] for payment of an estimated repair claim not paid for by you or any third party

_____
(Name(s) (First, Middle, Last) of Holder

_____
Current Street Address(es)

_____ _____ _____
City State Zip Code

_____ _____ (Work)
Area Code Telephone Number

_____ _____ (Home)
Area Code Telephone Number

$_____ is amount of unreimbursed repairs paid for by me during term of contract

$_____ is amount of estimate for repair not paid for by me or any third party

_____
Date of Repair/Date of Estimate

_____
Name of Repairer/Name of Estimator

_____
Current Street Address of Repairer/Estimator

_____ _____ _____
City State Zip Code

_____
Vehicle Service Contract Number

_____
Name of Vehicle Service Contract Seller

_____
Street Address of Vehicle Service Contract Seller

_____ _____ _____
City State Zip Code

_____
Date Vehicle Service Contract Purchased

_____ Months _____Mileage
Term of Contract

$_____ Amount Paid for Contract

_____
Current Mileage of Vehicle

I certify on this ____ day of _____, 2005, under penalty of perjury under the laws of the United States and applicable state laws that the above information is true and correct and I am NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code.*

_____
(Sign your name here)

_____
(Type or print name here)

_____
(Capacity of persons signing, e.g., Owner of Claim, Executor for Owner of Claim, etc.)

_____
**Joint Holder - Sign Here

_____
**Joint Holder - Print name

**All Joint Holders Must Sign this Form

*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.