

INDIVIDUAL STATE VARIANCE REQUIREMENTS

If YOU purchased this CONTRACT in the state listed below, the following additional information applies to YOUR CONTRACT.

CONNECTICUT

The following is added to the Arbitration section: A written complaint may be mailed to: State of Connecticut, Insurance Department, P.O. Box 816, Hartford, CT 06142-0816, Attn. Consumer Affairs. The written complaint must contain a description of YOUR dispute, the CONTRACT purchase price, the cost of the VEHICLE repair and a copy of this CONTRACT.

In the event this CONTRACT expires by miles within one year of the CONTRACT effective date, the CONTRACT term will be extended by the number of days the VEHICLE was being serviced for an AUTHORIZED COVERED REPAIR.

