



SERVICE CONTRACT UPGRADE REQUEST

PLEASE SUPPLY THE FOLLOWING INFORMATION:

DEALERSHIP NAME		CUSTOMER NAME	
CONTRACT NUMBER	CURRENT MILEAGE	DATE OF UPGRADE	
REQUEST TO UPGRADE FROM PLAN:		TO PLAN:	
REASON FOR UPGRADE			

PLEASE ENCLOSE CHECK FOR THE UPGRADE: PAYABLE TO: A.U.L. CORP.

CHECK NUMBER	CHECK AMOUNT	
DEALER SIGNATURE		DATE
CUSTOMER SIGNATURE		DATE

FOR A.U.L. USE ONLY:

APPROVED * **DENIED BY:** _____

REASON: _____

**If approved, upon receipt of additional premium, a 30 Day or 1,000 Mile waiting period (whichever occurs first) will be required before upgrade takes effect.
Pre-Existing conditions will not be covered, regardless of upgrade.*

PLEASE MAIL TO: A.U.L. CORP., ATTN: UNDERWRITING DEPARTMENT
1325 IMOLA AVE. WEST, PMB 318, NAPA, CA 94559