Effective Date:	Agency #:
Agency:	

DEALERSHIP PROFILE

Seller Information			
Dealer Name:			Dealer #:
Dealer Group (if applicable):			
Street Address:			
City:	State:	Zip:	Tax ID:
Phone:	Email:		Labor Manual:
Dealer: ☐ INDEPENDENT ☐ FRANCHISE	Franchise:	Profit Share: ☐ Yes ☐ No	Tax: ☐ Parts ☐ Parts & Labor
Menu:	☐ F&I Express ☐ PEN	Labor Rate:	Tax %:
F&I SENTINEL Banks: ☐ Ally ☐ Cap1 ☐ Exeter ☐ Santander ☐ 1st Investors ☐ Chrysler ☐ GMF ☐ Honda ☐ Hyundai ☐ Mazda ☐ NMAC ☐ Stellantis ☐ Toyota ☐ SE Toyota ☐ VW			

Seller Personnel		
NAME	**EMAIL**	**PHONE**
Owner/Principal:		
GM:		
F&I Director:		
Office Mgr:		
Service Contact:		
PRIMARY CONTACT:		

HeroProtects℠ VSCs & LW

HeroProtects℠ VSC			
PAYEE	**3/3**	**6/6**	**12/12+**
AGENT			
SUB-AGENT:			
OTHER:			
OVERBILL:			
ANCB (20%)			
GOODWILL			

INCLUDE SEAL & GASKETS: ☐

DEDUCTIBLES: ☐ **$0** ☐ **$50** ☐ **$100** ☐ **$100 vanishing** ☐ **$200** ☐ **$300** ☐ **$500**

NOTES:

HeroProtects℠ SALVAGE/BRANDED TITLE VSC			
PAYEE	**3/3**	**6/6**	**12/12+**
AGENT			
SUB-AGENT:			
OTHER:			
OVERBILL:			
GOODWILL			

HeroProtects℠ EXOTICS VSC			
PAYEE	**3/3**	**6/6**	**12/12+**
AGENT			
SUB-AGENT:			
OTHER:			
OVERBILL:			
GOODWILL			

HeroProtects℠ LIMITED WARRANTY			
PAYEE	**3/3**	**6/6**	**12/12**
AGENT			
SUB-AGENT:			

HeroProtects℠ ANCILLARY

HeroProtects℠ GAP			
PAYEE	**0-60 months**	**61-71 months**	**72-84 months**
AGENT			
SUB-AGENT:			
OTHER:			

HeroProtects℠ BUNDLE			
PAYEE	**BUNDLE**	**T&W**	**KEY**
AGENT			
SUB-AGENT:			
OTHER:			
OVERBILL:			

HeroProtects℠ CHEMICALS			
PAYEE	**INTERIOR**	**EXTERIOR**	**BOTH**
AGENT			
SUB-AGENT:			
OTHER:			

HeroProtects℠ ETCH			
PAYEE	**$3000 or $3000 Split**	**$6000 or $6000 Split**	**$10,000 or $10,000 Split**
AGENT			
SUB-AGENT:			

Who is paying for the Etch Markers: ☐ **Dealer** ☐ **Agent**

HeroProtects℠ WINDSHIELD	
AGENT	
SUB-AGENT:	

HeroProtects℠ ANCILLARY

HeroProtects℠ GPS	
AGENT	
SUB-AGENT:	

HeroProtects℠ INSURANCE BINDERS	
AGENT	
SUB-AGENT:	

HeroProtects℠ VEHICLE DEPRECIATION	
AGENT	
SUB-AGENT:	

NOTES: