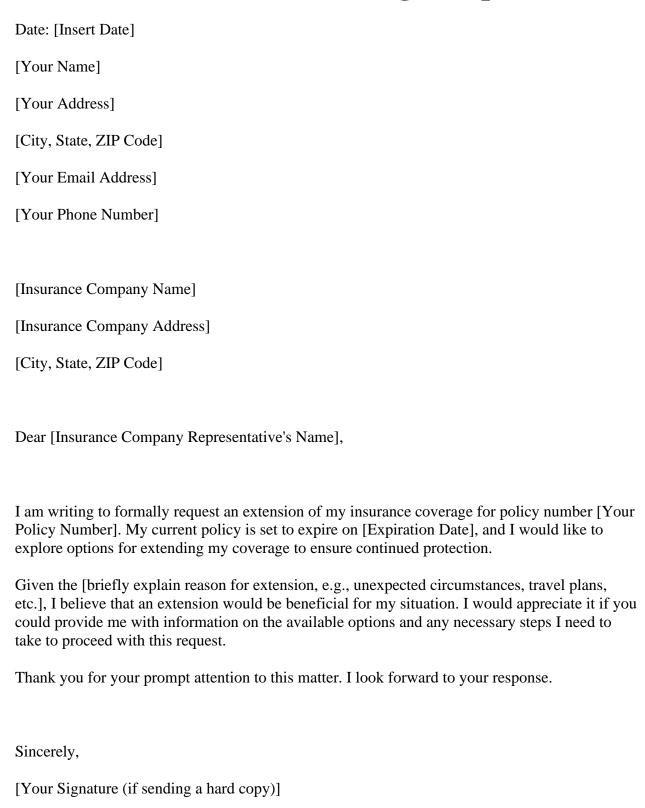
Extended Insurance Coverage Request



[Your Printed Name]