Volvo International Student Insurance Program Important Information

Licensed Insurance Broker/Agent:

**HUB International Northeast, Ltd.**
CA License # 0C602247
180 River Road, 2nd Floor • Summit, NJ 07901
1-800-835-4695 • 1-914-332-9109 (fax) • vipp@mmz.net

(“Volvo” and the Volvo logo are registered trademarks of Volvo Trademark Holdings AB. Coverage described herein is made available to Volvo customers but is not underwritten by Volvo. Volvo does not earn premiums or commissions under this program and is not responsible for its content.)
Offer Benefits:
• Single pay premium at inception of lease for duration of lease term. (not to exceed 48 months).
• Expedited repair times due to insurer’s relationship with body shops nationwide.
• Use of genuine OEM parts for repairs.
• Interim rental car provided as short-term replacement due to covered accident repairs.
• Repairs completed timely and with minimal driver involvement.
• Zero deductible glass repair on “chips” and “stars” when glass can be repaired instead of being replaced.

The dedicated claims professionals at HUB International Northeast, Ltd. guide the repair process to conclusion. We are committed to, and take great pride in, providing each client with the individualized attention and service that they deserve.

Auto Liability and Physical Damage Management:
Coverage Term: Per Lease Term (not to exceed 48 months)

<table>
<thead>
<tr>
<th>Liability</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auto Liability Bodily Injury &amp; Property Damage</td>
<td>$1,000,000 (Combined Single Limit)</td>
</tr>
<tr>
<td>Uninsured Motorist Coverage</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Underinsured Motorist Coverage</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Personal Injury Statutory</td>
<td>Statutory</td>
</tr>
<tr>
<td>Medical Payments</td>
<td>$5,000</td>
</tr>
<tr>
<td>Hired Auto Liability</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Non-Owned Liability</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

Physical Damage Coverage

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive</td>
<td>$1000 Deductible per incident</td>
</tr>
<tr>
<td>Collision</td>
<td>$1000 Deductible per incident</td>
</tr>
<tr>
<td>Rental Reimbursement</td>
<td>Up to $50 per day, 30 days maximum benefit</td>
</tr>
<tr>
<td>Towing</td>
<td>$50 per disablement</td>
</tr>
</tbody>
</table>

Coverage Acceptance:
Lessee Full Name: ____________________________________________________________
U.S. Address (No P.O. Boxes): _________________________________________________________
Email address: _____________________________________________________________________
Telephone #: _____________________________________ Cell #: ___________________________

Vehicle Information:
Year: ____________ Make: ____________________________ Model: ____________________________
VIN: ___________________________________________ Delivery Date: _______________
Lease Term (months): ________________ Term of Lease Total Premium: $__________________
(Payable in full by lessee at time of lease signing in addition to monies due to effectuate lease.)
Thank you again for giving us the opportunity to prepare this proposal/quote for your Volvo. Please review the Important Information about your coverage above before signing and returning this form to us via one of the delivery methods described below.

I understand and agree that this proposal/quote is for a Volvo leased vehicle, which all lease payments are due at signing and only includes the vehicle shown on this document. Your eligibility depends on documentation supporting your status as a legal driver and your expected status as a student in the United States for the duration of the lease. It is further understood and agreed that vehicles leased under this program are assigned to VCFS Auto Leasing Company, which will be named as insured. Participation in this program is not required as a condition of your lease. You may instead satisfy the insurance requirements under your lease with insurance you already have that is consistent with the required coverage or by obtaining insurance from any insurance company that agrees to provide the required coverage. This program is offered by HUB International Northeast, Ltd. and not by VCFS Auto Leasing Company, Volvo Car Financial Services, or any affiliate, subsidiary or parent of Volvo Cars of North America, Volvo Car USA LLC, or your dealer. Please note that the early termination or cancellation of the lease will result in termination of the insurance under this program. Such insurance termination shall be considered a cancellation at your request.

Signature: ________________________   Printed or Typed Name: ___________________________

Today’s Date ______________________

Two Convenient Ways to Submit Your Documents:
1. Fax to: 914-332-9109  2. Scan and Email to: vipp@mmz.net

Questions?
Contact: Richard Sedlak at HUB International Northeast, Ltd. 1-800-835-4695 • Email: vipp@mmz.net

Important Information:
Acceptance enrolls a lessee into a Commercial Automobile Insurance Program exclusively designed for qualified lessees of Volvo vehicles. The Business Auto Declarations will specify coverages and limits a lessee has accepted by enrolling in this program. Liberty Mutual Fire Insurance Company has been selected as the insurer for this exclusive offering for all eligible states. Alternative insurance products for your leased Volvo can be obtained in the insurance marketplace through other insurers and/or brokers. HUB International Northeast, Ltd., is the exclusive insurance broker for this single insurer option. In accordance with industry customs, we are compensated through commissions that are calculated as a per-cent-age of the insurance premiums charged by insurers. We may also receive additional monetary and non-monetary compensation from insurers, or from other insurance intermediaries, which may be contingent upon volume, profitability or other factors. This compensation may include payment from insurers for marketing related expenses or investments in technology, or compensation may vary depending on the type of insurance purchased and the insurer selected. Your dealer is not compensated under this program. We will provide you with additional information about compensation upon request. You may obtain this information by calling 1-800-835-4695.