

BUCKLE UP BABY PROGRAM

The Allstate Buckle up Baby Program is designed to help you obtain an infant car seat – to help you protect your baby. Allstate employees who are expecting a child or who are parents of newborns are eligible to receive ONE car seat per child. Choose **ONE** of the following options (Option #2 is designed for infants up to 22 lbs. and meets industry standards. Option #1, #3, and #4 are designed for infants and toddlers based on weights listed and meet industry standards).

OPTION #1 – Evenflo® Convertible Car Seat..... FREE

Rear-facing 5-40 pounds • 4 harness locations

- Forward-facing 22-40 pounds • 3 buckle locations
- 5-point harness system with up front adjuster • Side impact protection

OPTION #2 – Evenflo® Nurture™ Infant Car Seat \$ 18.30

*Plus applicable sales tax (see below)

- Rear-facing for 5-22 pounds , Up to 29” • Energy absorbing foam liner provides added safety & comfort
- Adjustable Canopy • 3 carry handle travel positions
- Stay-in-car base • 5 point harness system with up front adjustment

OPTION #3 – Evenflo® Vive™ Travel System..... \$ 95.65

*Plus applicable sales tax (see below)

- 3-piece set includes stroller, car seat and base • Car seat for 4-35lbs infants, 5-point harness system, up-front harness adjust, full coverage canopy, latch equipped, washable seat pad
- Rear facing car seat
- Convenient stay-in-car adjustable base • Stroller for up to 50lbs, with parent console, storage basket & pocket, 2 cup holders, large canopy, multi-position recline, & removable child tray

OPTION #4 – Safety 1st® Guide 65 Convertible Car Seat \$32.80

*Plus applicable sales tax (see below)

- Two Seats in One • 5-point harness with up front adjustment
- Rear facing for infants 5-40 pounds • LATCH equipped
- Front facing for children 22 to 65 pounds • Removable body pillows

Please Note: Models/Colors/Patterns subject to change based upon availability from manufacturer.

Waiver of Liability

I understand that Allstate Insurance Company has offered to provide me or assist me in securing an infant seat or car seat/stroller (hereinafter “Product”). I understand that Allstate is not a dealer in this type of goods, and makes no warranty, express or implied, as to the fitness of the Product. I have voluntarily chosen to participate in this program and have selected the Product being provided.

With the intent of binding myself, my spouse, my heirs, legal representatives, and assigns, I hereby release Allstate and Summit Group including, but not limited to, its managers, directors, officers, employees, parent company, and its subsidiaries, from any and all liability resulting from the use or misuse of the Product which has been given to me. I further agree to hold Allstate and Summit Group harmless from any and all losses, claims, demands, damages, suits, or action of any type or nature arising from or in anyway due to or connected with said Product.

Employee Signature: _____ **SAP Number _____ Date: _____

Order and Shipping Information: (PLEASE READ CAREFULLY!)

- If selecting **Option #1**, complete shipping information with phone numbers, sign waiver and forward the completed form to your designated Allstate **S2P Requisitioner**. Note that waiver form **MUST** have a **purchase order number or orders cannot be processed**.
- If selecting **Option #2, #3 or #4**, complete shipping information with phone numbers, sign waiver, and forward the completed form to your designated **S2P Requisitioner**. Note that waiver form **MUST** have a **purchase order number or orders cannot be processed**. Please provide your credit card information or include a check or money order (payable to Summit Group) for the applicable amount. Please allow approximately 3-4 weeks for delivery. All orders must be shipped to a street address. **NO PO BOXES**.
- **Please add the following sales tax for the states listed:** Arkansas – 9.875%, Florida – 7.6%, Georgia – 8.1%, Illinois – 8.5%, Maryland – 6.25%, New York – 9.0%, North Carolina – 8.25%, Ohio – 8.25%, Virginia – 6.3%, Washington D.C. – 5.87%

Name: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 City, State, Zip: _____ Allstate Location: _____

PO NUMBER (Required!) _____ (PO Number will be assigned by your B2B Requisitioner)

B2B Requisitioner’s Name and Phone Number: _____

Circle Option Selected: 1 2 3 4 **Amount Due:** \$ _____ **Form of Payment:** Check Credit Card

Credit Card Type: MasterCard Visa Discover

Employee Signature*: _____

Credit Card # _____ Exp Date: _____ **Security Code From Back of Card:** _____

**My signature authorizes Summit Group to use my credit card for the purposes of this order.*

***If you are unsure of your SAP number, please talk to your S2P requisitioner or a member of your support staff.*

- **Mail or fax to: Summit-Chicago, Attn: Allstate Account Team, 280 Madsen Drive, Suite 100, Bloomingdale, IL 60108**
 (Orders paid by check must be mailed. Orders paid by credit card can be faxed OR mailed, but please do not duplicate.)
- **Phone: 800-367-2828 or 630-775-2700 FAX: 630-775-1679**

