Allstate 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 and #4 are designed for infants and toddlers based on weights listed and meet industry standards).

FAX, EMAIL OR MAIL YOUR FORM- ORDER WILL NOT BE PROCESSED UNTIL RECEIVED. ORDERS CANNOT BE PROCESSED WITHOUT A PO. IF YOU ARE UNSURE OF YOUR PO NUMBER, PLEASE REACH OUT TO YOUR S2P REQUESTER OR A MEMBER OF YOUR SUPPORT STAFF.

OPTION #1 – Evenflo Convertible Car Seat	**OPTION #2– Evenflo NurtureMax Infant Car Seat**
Rear-facing 5-40 pounds	Rear-facing 4-22 pounds up to 29”
Forward-facing 22-40 pounds	Adjustable Canopy full coverage canopy
5-point harness system with up front adjuster	Stay-in-car base system
4 harness locations	Energy absorbing foam liner provides added safety & comfort
3 buckle locations	Ergonomic and one-hand adjustable, the Push & Go™ handle 3 buckle locations
Side impact protection ***(Note: Head and Body Pillow Not Included)***	5-point harness system with up front adjustment

OPTION #4 –2-in-1 Convertible Car Seat	**NAME:**
Meets federal Side Impact standard	**ADDRESS:**
Rear-Facing Infant (5–30 lbs.), Rear-Facing Toddler (30–40 lbs.)	**CITY:**
Forward-Facing (30–65 lbs.)	**STATE, ZIP:**
Adjustable 5-position headrest and harness that grows with your child. 2 removable, dishwasher safe cupholders.	**CONTACT #:**
Fits 3 across in the back seat of most vehicles. Hook style LATCH for easy installation. Airplane ready.	**ALLSTATE LOCATION**
Machine-washable and dryer-safe seat pad.	**NO PO BOXES. Must ship to street address**

*****Please Note: Models/Colors/Patterns subject to change based upon availability from manufacturer. Allow 3-4 weeks for delivery***

PO NUMBER (Required!) _____**Circle your choice:** **1 2 4**

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: _____Date: _____

Complete shipping information with phone number, sign waiver and forward the completed form to your designated Allstate **S2P Requester.**

Mail or fax to: Summit Group, Attn: Allstate BUB Team, 160 E. Fullerton Ave., Carol Stream, IL 60188
Phone: 877-494-7279 FAX: 630-775-1679 Email: cs.allstateppd@summitmg.com

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