



COVID-19 Notice and Disclaimer

To protect the health and wellbeing of our employees, their families, and our merchants we provide to vendors and company reps this form prior to our visit to your dealership.

We will not visit with you if we are currently experiencing symptoms of COVID-19 including a fever of 100.4 Fahrenheit (38.0 C) or greater, a new or worsened cough, shortness of breath or trouble breathing, fever, chills, muscle aches, sore throat, a new loss of taste or smell. We also will not visit if we have knowingly come in contact with anyone who has tested positive for covid-19 in the last 14 days. You represent and warrant that neither you, nor any of your employees currently have (or have had in the last 14 days) any of these symptoms. You shall immediately notify Dealer Pay if you, or any or your employees, become symptomatic within 14 days of our visit.

You expressly acknowledge that an inherent risk of exposure to COVID-19 exists in any public place where people are present. IN HAVING OUR REPS VISIT YOUR DEALERSHIP, YOU AND ALL OF YOUR EMPLOYEES VOLUNTARILY ASSUME ALL RISKS RELATED TO EXPOSURE TO COVID-19 AND WAIVE, RELEASE, DISCHARGE DEALER PAY AND ITS DIRECTORS, OFFICERS, EMPLOYEES, AGENTS AND REPRESENTATIVES FROM ANY AND ALL LIABILITY, WHETHER IN NEGLIGENCE OR OTHERWISE, FOR ANY ILLNESS OR INJURY.

The information you provide on this form will be used in our contact tracing process, if needed. You represent that the information you provide in this form is true and accurate.

For more information on COVID-19, please call the covid-19 Hotline at 877-435-8411 if you live in the City of St. Louis, Missouri (314) 657-1499. If you live in St. Louis County, Missouri (314) 616-2600. If you live in St. Charles County, Missouri (636) 949-7400 or call the Department of Health from the County in which you live.

Please identify:

Date of Dealer Pay visit: _____ (“Visit Date”)

Departments Visited:

- Body Shop
- Finance
- Office

- Parts
- Rental
- Sales
- Service

Employees that will be visited by the Dealer Pay rep today:

Merchant has executed this form as of the visit Date by the undersigned duly authorized representative.

Merchant Name: _____

By: _____

Title: _____