**Customer Waiver of Optional and Voluntary Products**

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| --- | --- |
| **Dealership Information** | [Full Legal Name of Your Dealership]d/b/a [Business Name of Your Dealership] |
| **Customer Information (1)** |  |
| **Customer Information (2)** |  |
| **Date of Vehicle Purchase / Lease** |  |

|  |  |  |
| --- | --- | --- |
| **Customer Declarations** | **Customer 1****Checkbox** | **Customer 2****Checkbox** |
| I declare that I have been given the opportunity to enroll in or purchase the optional and voluntary products listed below: Creditor Group Protection (Loan Protection); Replacement Insurance; Mechanical Breakdown Protection |  |  |
| I declare that the Dealership has explained the nature of coverage offered, eligibility criteria, exclusions, limitations and cancellation periods without charge for each product listed below. |  |  |
| I declare that my decisions are my own and are indicated by my initials in the product table below. |  |  |
| (Québec) I declare that I have received a copy of the Summary Guide (or the Distribution Guide) and the Let’s Talk Insurance Fact Sheet prior to discussing any product of insurance. |  |  |
| (Québec) I declare that I have been advised of any remuneration received by the distributor exceeding 30% of the premium for each product of insurance.  |  |  |
| (Québec) I declare that I have been informed of the manufacturer’s warranty and statutory warranties on the vehicle, as required by Article 228.1 of the Consumer Protection Act, prior to discussing any additional warranty on the vehicle. |  |  |

**Customer Decisions**

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| --- | --- | --- | --- |
| **Optional and Voluntary Products** | **Commission Percent** **if above 30% (Quebec)** |  **Enrolled / Purchased** | **Declined** |
| **Customer 1Initials** | **Customer 2Initials** | **Customer 1 Initials** | **Customer 2 Initials** |
| Creditor’s Group Insurance Coverage – Life­­­ |  |  |  |  |  |
| Creditor’s Group Insurance Coverage – Critical Illness (not available for Essential/Essential Plus) |  |  |  |  |  |
| Creditor’s Group Insurance Coverage – Disability |  |  |  |  |  |
| Creditor’s Group Insurance Coverage – Loss of Employment |  |  |  |  |  |
| Replacement Insurance (Québec - Q.P.F. Form No. 5) |  |  |  |  |  |
| Mechanical Breakdown Protection |  |  |  |  |  |
| Appearance Protection |  |  |  |  |  |
| Prepaid Maintenance |  |  |  |  |  |
| Vehicle Loss Privilege Program |  |  |  |  |  |
| <add another product here> |  |  |  |  |  |
| <add another product here> |  |  |  |  |  |

Customer (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_