

Declaration Form for Optional and Voluntary Products

The purpose of this Form is to ensure you've made an **informed decision** on the optional and voluntary products offered to you by your authorized Dealership.

Dealership Information	<i>[Full Legal Name of Your Dealership]</i> <i>d/b/a [Business Name of Your Dealership]; [Financial Director's Name]</i>
Buyer name	
Co-buyer name	
Date of Vehicle Purchase / Lease	

Customer Declarations	Buyer	Co-Buyer
	(Check all that apply)	
I understand that purchase of these products is optional and voluntary and that no purchase is required to obtain financing, a better interest rate or other benefits.		
For each product listed below, the dealership has explained the nature of coverage offered, eligibility criteria, exclusions, limitations, and the 30-day cancellation period allowed to cancel the products without charge.		
I have been advised that the individual offering the insurance is not a licensed insurance representative and I have the right to seek advice from a licensed insurance representative.		
If applicable, I have made an informed choice to select a term of creditor's group protection insurance coverage that will expire before the end of my vehicle loan or vehicle lease.		
<u>Québec</u> : 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, before discussing any additional and optional warranty products on the vehicle.		
<u>Québec</u> : I have received a copy of the Summary Guide and the Let's Talk Insurance Fact Sheet prior to discussing any product of insurance.		

Optional Creditors Group Insurance Products	Purchased		Declined		Disclosure of remuneration: compulsory if greater than 30% of the premium [Quebec & New Brunswick]
	Buyer (Initials)	Co-Buyer (Initials)	Buyer (Initials)	Co-Buyer (Initials)	
Creditor's Group Insurance Coverage – Life					The distributor receives remuneration equal to ____% of your insurance premium
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					

* By initialing under the coverage option selected, you acknowledge: After careful consideration, I/we accept the following insurance coverages.

Creditor Insurance features and benefits are described in greater detail in the Certificate of Insurance. Please read the Certificate carefully as it sets out the terms, conditions, definitions, and exclusions. Certain terms and limitations apply. Creditor's Group Insurance is underwritten by Co-operators Life Insurance Company and administered by LGM Group Insurance Administrative Services Inc. To contact Co-operators Life Insurance Company, call 1-855-587-8595 or visit www.cooperators.ca.

Optional Warranty Products	Purchased		Declined		Disclosure of remuneration: compulsory if greater than 30% of the premium [Quebec & New Brunswick]
	Buyer (Initials)	Co-Buyer (Initials)	Buyer (Initials)	Co-Buyer (Initials)	
Replacement Insurance (Québec - Q.P.F. Form No. 5)					The distributor receives remuneration equal to ____% of your insurance premium
Mechanical Breakdown Protection					
Appearance Protection					
Prepaid Maintenance					
Vehicle Loss Privilege Program					

* By initialing under the coverage option selected, you acknowledge: After careful consideration, I/we accept the following insurance coverages. Warranty Insurance is underwritten by The Sovereign General Insurance Company and administered by LGM Group Insurance Administrative Services Inc. Visit sovereigninsurance.ca or call toll free at 1-800-661-1652 to learn more.

Signed at

Date

Buyer’s Signature

Co-Buyer’s Signature

Financial Director’s Signature