Waiver Form for Optional and Voluntary Products

|  |  |
| --- | --- |
| **Dealership Information**  *[Full Legal Name of Your Dealership]*  *[Business Name of Your Dealership];*  *[Financial Director’s Name]* |  |
| **Financial Director’s Name** |  |
| **Buyer’s name** |  |
| **Co-buyer’s name** |  |
| **Date of Vehicle Purchase / Lease** |  |

I acknowledge that the Financial Director informed me of the nature and the benefits of the products listed below and offered me to subscribe to them.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Optional and Voluntary Products** | **Purchased** | | **Declined** | |
| **Buyer** (Initials) | **Co-Buyer** (Initials) | **Buyer** (Initials) | **Co-Buyer** (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 |  |  |  |  |
| GAP insurance\* |  |  |  |  |
| Mechanical Breakdown Protection |  |  |  |  |
| Appearance Protection\* |  |  |  |  |
| Prepaid Maintenance\* |  |  |  |  |
| Vehicle Loss Privilege Program\* |  |  |  |  |

\*These products may not be available in all provinces

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Signed at Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Buyer’s Signature Co-Buyer’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Financial Director’s Signature