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