

OLD REPUBLIC INSURANCE COMPANY OF CANADA

Old Republic Vehicle Warranty - Cancellation Request

Complete all blanks. Please Print.

WARRANTY #:	VIN:	TODAY'S DATE:
CUSTOMER:		
CURRENT ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
WARRANTY EFFECTIVE DATE:	CANCELLATION DATE:	CURRENT ODOMETER READING:

REASON FOR CANCELLATION		
<input type="checkbox"/> CUSTOMER REQUEST <input type="checkbox"/> REPOSSESSION Please attach repo documents	<input type="checkbox"/> VEHICLE SALE OR TRADE IN <input type="checkbox"/> TOTAL LOSS Please attach total loss documents	<input type="checkbox"/> LENDER REQUEST
<input type="checkbox"/> CUSTOMER LOYALTY Please attach a copy of new vehicle warranty	NEW DEALER IF DIFFERENT FROM THE ORIGINAL:	

WAS WARRANTY FINANCED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HAS THE LIEN BEEN SATISFIED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
LENDER:			
I understand that all refunds for cancellations will be determined by the provisions on the vehicle warranty issued to me. Refunds will be paid to the dealer.			
CUSTOMER SIGNATURE:			DATE:
DEALER REPRESENTATIVE:		DEALERSHIP WHERE PURCHASED:	
ADDRESS / CITY / PROVINCE / POSTAL CODE:			

E-mail, fax, or mail completed form and documentation to: D.I.S.C.C. Enterprises Ltd., cancelrequest@orias.com, Fax: (918) 250-4877