

# 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<br><br><input type="checkbox"/> REPOSSESSION<br>Please attach repo documents | <input type="checkbox"/> VEHICLE SALE OR TRADE IN<br><br><input type="checkbox"/> TOTAL LOSS<br>Please attach total loss documents | <input type="checkbox"/> LENDER REQUEST |
| <input type="checkbox"/> CUSTOMER LOYALTY<br>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](mailto:cancelrequest@orias.com), Fax: (918) 250-4877

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