

# OLD REPUBLIC EXTENDED PROTECTION PLANS

APPLICANT INFORMATION	
NAME	
ADDRESS	
CITY / STATE / ZIP	

DEALER INFORMATION	
NAME	PHONE NO.
ADDRESS	
CITY / STATE / ZIP	

CONTRACT INFORMATION		
CONTRACT PURCHASE DATE		
CURRENT ODOMETER READING		
PRICE	SALES TAX	TOTAL

VEHICLE INFORMATION		
YEAR	MAKE	MODEL
VIN		
Check <input checked="" type="checkbox"/> Applicable Boxes		
<input type="checkbox"/> Turbo/Supercharged	<input type="checkbox"/> Diesel	<input type="checkbox"/> 4WD/AWD <input type="checkbox"/> Light Commercial Use

ADM. USE ONLY

## PLAN

Check  Applicable Box     **GOLD**     **GOLD WRAP**     **SILVER PLUS**     **SILVER**     **BRONZE**

NEW VEHICLE TERMS AND DEDUCTIBLE									
Check <input checked="" type="checkbox"/> Applicable Term	Check <input checked="" type="checkbox"/> Applicable Deductible								
<b>TERMS:</b>	<b>DEDUCTIBLE:</b>								
<input type="checkbox"/> 3 Years/ 75,000 Miles on Odometer <input type="checkbox"/> 3 Years/100,000 Miles on Odometer <input type="checkbox"/> 4 Years/ 75,000 Miles on Odometer <input type="checkbox"/> 4 Years/100,000 Miles on Odometer <input type="checkbox"/> 5 Years/ 75,000 Miles on Odometer <input type="checkbox"/> 5 Years/100,000 Miles on Odometer <input type="checkbox"/> 6 Years/ 75,000 Miles on Odometer <input type="checkbox"/> 6 Years/100,000 Miles on Odometer <input type="checkbox"/> 7 Years/ 75,000 Miles on Odometer <input type="checkbox"/> 7 Years/100,000 Miles on Odometer <input type="checkbox"/> Other _____	<input type="checkbox"/> \$0 <input type="checkbox"/> \$50 If box is not checked, \$50 deductible applies. <table border="1" style="margin-top: 10px;"> <thead> <tr> <th colspan="2">GOLD "WRAP" TERMS</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 5 Years / 60,000 Miles on Odometer</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 6 Years / 70,000 Miles on Odometer</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 7 Years / 70,000 Miles on Odometer</td> <td></td> </tr> </tbody> </table>	GOLD "WRAP" TERMS		<input type="checkbox"/> 5 Years / 60,000 Miles on Odometer		<input type="checkbox"/> 6 Years / 70,000 Miles on Odometer		<input type="checkbox"/> 7 Years / 70,000 Miles on Odometer	
GOLD "WRAP" TERMS									
<input type="checkbox"/> 5 Years / 60,000 Miles on Odometer									
<input type="checkbox"/> 6 Years / 70,000 Miles on Odometer									
<input type="checkbox"/> 7 Years / 70,000 Miles on Odometer									
MANUFACTURER'S WARRANTY START DATE									
MONTH _____ DAY _____ YEAR _____									

PRE-OWNED VEHICLE TERMS AND DEDUCTIBLE	
Check <input checked="" type="checkbox"/> Applicable Term	Check <input checked="" type="checkbox"/> Applicable Deductible
<b>TERMS:</b>	<b>DEDUCTIBLE:</b>
<input type="checkbox"/> 6 Months / 6,000 Miles <input type="checkbox"/> 12 Months / 12,000 Miles <input type="checkbox"/> 24 Months / 24,000 Miles <input type="checkbox"/> 36 Months / 36,000 Miles <input type="checkbox"/> 48 Months / 48,000 Miles <input type="checkbox"/> 60 Months / 60,000 Miles	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 If box is not checked, \$100 deductible applies. <input type="checkbox"/> Other _____
Pre-existing conditions are not covered. Refer to "General Contract Exclusions," item 19. (Not applicable in Arizona.)	

REFER TO RATE CHART FOR AVAILABLE TERMS AND UNDERWRITING ELIGIBILITY.

## SERVICE CONTRACT FINANCE SOURCE

NAME and ADDRESS
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## ACKNOWLEDGEMENT

I apply for a Service Contract covering the motor vehicle described in this Application, which must meet **Our** underwriting guidelines and is subject to acceptance by the Administrator. I agree that the time and mileage limits indicated in this Application begin to run from the **Contract Purchase Date**, even though any components or parts covered by a manufacturer, supplier, or other warranty are **NOT** covered by my Service Contract until expiration of the manufacturer, supplier, or other warranty. **I understand that my service contract term includes any periods of applicable manufacturers' warranties.**

I agree that my Service Contract will be issued in accordance with the information contained in this Application and be subject to the terms and conditions stated in the **SERVICE CONTRACT**, which I have read and received with my copy of this Application.

**I agree that proper maintenance of the above described vehicle in accordance with factory recommendations is a condition precedent to coverage under this Contract. (If there is no written maintenance schedule for oil changes for **Your Vehicle**, the maximum allowable interval between oil changes must not exceed 7,500 miles.)**

**I understand that the Service Contract is transferable to subsequent owners provided timely application is made to the Administrator and the procedures for transfer are followed. (Complete details are fully described in the Service Contract.)**

**I understand that prior authorization by the Claims Administrator is required on repairs covered by this Service Contract. (Call 800-331-3780 for claims authorization.)** I further understand that this requirement may be waived if the covered vehicle is disabled outside normal business hours and a minor repair will return the vehicle to operation, provided the procedures for **"EMERGENCY REPAIRS"** are followed. (Refer to Page 2 of the Service Contract.)

**I understand that the purchase of this Service Contract is not required to purchase or obtain financing of my vehicle.**

**X**

SIGNATURE OF APPLICANT

DATE SIGNED

SALESPERSON

**Your Registration Page should reach you in forty-five (45) days. Call 800-331-3780 and ask for Customer Service if not received by then.**

Administered by a Member of the Old Republic Insurance Group of Companies:

MINNEHOMA AUTOMOBILE ASSOCIATION, INC. (FL LIC # 60033)

P.O. Box 35008, Tulsa, Oklahoma 74153