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## EXTENDED LIMITED WARRANTY APPLICATION

### CUSTOMER / LESSEE INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initials: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Email: \_\_\_\_\_

### DEALERSHIP / VEHICLE INFORMATION

Dealership Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Odometer: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Transmission: \_\_\_\_\_ Fuel: \_\_\_\_\_ Engine Size: \_\_\_\_\_ Body Type: \_\_\_\_\_ Colour: \_\_\_\_\_

V.I.N: \_\_\_\_\_ Name of Lender: \_\_\_\_\_

**NOTE: \*UNLIMITED KM: COMMERCIAL/BUSINESS USE COVERAGE IS ONLY AVAILABLE WITH THE MILEAGE LIMITED TO 20,000 KM FOR 12 MONTH TERMS AND 40,000 KM FOR 24 MONTH TERMS.**

1. This application must be submitted to A-Protect by the selling dealer along with the required fee. This application is intended to be an offer only; requiring acceptance by A-Protect.
2. This warranty must be activated by the customer within 20 days of the purchase date.
3. To activate the warranty the customer should contact A-Protect. Where applicable, the one time activation fee has to be paid by the customer and is subject to change without notice.
4. Please make sure that you complete the oil change record form on time through the A-Protect website in order to be covered in case of a claim. You can find an oil change form under "Car Owners" tab on our website. "Do-it-yourself" oil changes will not be accepted.
5. In case of a claim, please call A-Protect Monday to Friday, 9 a.m.–5 p.m. at 416-661-7444 or toll-free at 1-866-660-6444 to be directed to an Authorized Repair Facility. Repairs completed without notifying A-Protect first, may result in delaying or voiding a claim
6. I hereby certify that I have read, understood, and agree to all terms and conditions as set forth on both sides of this document, including the maintenance requirements, liability limits, and coverage limitations.

DATE OF PURCHASE: \_\_\_\_\_

ACTIVATION FEE: \_\_\_\_\_



SELLING DEALER: \_\_\_\_\_

APPLICANT: \_\_\_\_\_