



# OLD REPUBLIC INSURED AUTOMOTIVE SERVICES

## ACCOUNT INFORMATION (For Internal Use Only)

Corporation     Partnership     Sole Proprietor    Federal I.D. # \_\_\_\_\_  
 # of Years Account has been operating \_\_\_\_\_    DBA \_\_\_\_\_  
 Account \_\_\_\_\_    Address \_\_\_\_\_  
 Address \_\_\_\_\_    City, State, Zip \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_    Telephone \_\_\_\_\_  
 Telephone \_\_\_\_\_    Fax # \_\_\_\_\_  
 Fax # \_\_\_\_\_

Franchise Sellers: Name vehicle mfg(s) you are authorized to sell: \_\_\_\_\_  
 President/Principal \_\_\_\_\_    Email Address \_\_\_\_\_  
 General Manager \_\_\_\_\_    F&I Manager/Loan Officer \_\_\_\_\_  
 Accounts Payable Manager \_\_\_\_\_    Service Manager \_\_\_\_\_

Is the Account currently selling any other VSC/GAP Programs?     VSC     GAP  
 If so, please name the other VSC/GAP Providers:    VSC \_\_\_\_\_    GAP \_\_\_\_\_  
 Will the Account continue to sell other VSC/GAP Programs?     Yes     No

New Vehicle Sales/Loans (Monthly): \_\_\_\_\_ Current VSC \_\_\_\_\_ GAP \_\_\_\_\_ Projected VSC \_\_\_\_\_ GAP \_\_\_\_\_  
 Pre-owned Vehicle Sales/Loans (Monthly): \_\_\_\_\_ Current VSC \_\_\_\_\_ GAP \_\_\_\_\_ Projected VSC \_\_\_\_\_ GAP \_\_\_\_\_

Repair Manual \_\_\_\_\_    Labor Rate(s) \$ \_\_\_\_\_    Factory:     YES     NO  
 (Specify One Only)

Have forms been left with the Account?     YES     NO  
 If "Yes," provide number series (pre-printed at top right corner of forms): \_\_\_\_\_  
**Include VSC/GAP form numbers account will be using:** \_\_\_\_\_

Programs Installed:  <input type="checkbox"/> Total Vehicle Protection <input type="checkbox"/> MVP <input type="checkbox"/> Other _____ Agent Fee _____	<table border="0"> <tr> <td></td> <td><input type="checkbox"/> 125% GAP</td> <td><input type="checkbox"/> 150% GAP</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Franchise</td> <td>0-60 months</td> <td>61-72 months</td> <td>73-84 months</td> </tr> <tr> <td>  Dealer Cost</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>  Agent Fee</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Non-Franchise</td> <td>0-48 months</td> <td>49-60 months</td> <td>61-72 months</td> </tr> <tr> <td>  Dealer Cost</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>  Agent Fee</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p><b>Dealer Cost does NOT include commercial surcharge.</b></p> <input type="checkbox"/> Plus <input type="checkbox"/> Non-Plus <input type="checkbox"/> Toyota <input type="checkbox"/> Ford		<input type="checkbox"/> 125% GAP	<input type="checkbox"/> 150% GAP		<input type="checkbox"/> Franchise	0-60 months	61-72 months	73-84 months	Dealer Cost	_____	_____	_____	Agent Fee	_____	_____	_____	<input type="checkbox"/> Non-Franchise	0-48 months	49-60 months	61-72 months	Dealer Cost	_____	_____	_____	Agent Fee	_____	_____	_____
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Does the Account wish to access online rating?     ORIAS Seller Portal     Other Menu \_\_\_\_\_  
 User Names (First & Last): \_\_\_\_\_  
 User Email Addresses: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Agency/Agent Name: \_\_\_\_\_ Date \_\_\_\_\_

**ATTACH COPY OF RATE CHART GIVEN TO ACCOUNT**



OLD REPUBLIC INSURANCE GROUP