



# OLD REPUBLIC INSURED AUTOMOTIVE SERVICES, INC.

## Incentive Agreement

(Dealership Name and Address)	(Date)
Proposed Incentive Payment	\$ _____ Per Contract
Effective Date of Incentive	_____
	mm/dd/yy
Recipient's Name and Address	Mailing Address (if different)
Social Security Number	E-mail Address
Comments _____	

**By signing below** as "Dealer," the individual certifies that he or she is the sole owner of the "Dealership" named above and is authorized to execute this agreement. If the "Dealer" is not the sole owner or if the "Dealership" is a corporation, a corporate resolution must accompany this form providing the proper authorization to execute the agreement from the appropriate parties. Individual(s) executing these documents agree to indemnify and hold harmless Old Republic Insured Automotive Services, Inc. (ORIAS), its parent company, affiliated companies, its officers, its agents and employees from any and all costs, claims, suits, losses or judgments, including attorney's fees arising from or based on a misrepresentation regarding ownership of the "Dealership."

**By signing below**, I acknowledge and authorize the above amount to be paid to the listed recipient. I understand that ORIAS will **attempt** to bring to the forefront a reevaluation of this authorization when and if the recipient changes employment. In addition, I understand that uncollected refunds may be charged to the issuing dealership.

**Authorized By:**

**Witnessed By:**

(Dealer)	(Name)
(Signature)	(Signature)
(Date)	(Date)

**INCENTIVE RECIPIENT'S W-9 FORM MUST ACCOMPANY THIS FORM.**