TIRES FOR LIFE –CLAIM FORM

DEALER NAME:		
CONTACT:	**PHONE:**	**FAX:**

BUYER'S NAME	PURCHASE DATE	VEHICLE VIN #

TIRES CURRENTLY ON THE VEHICLE THAT ARE BEING REPLACED

	TIRE MAKE	TIRE MODEL	TIRE SIZE
LEFT FRONT			
RIGHT FRONT			
LEFT REAR			
RIGHT REAR			

CURRENT TREAD DEPTH OF ALL TIRES, INCLUDING THOSE NOT BEING REPLACED

LEFT FRONT	RIGHT FRONT	LEFT REAR	RIGHT REAR

NEW TIRES BEING INSTALLED ON THE VEHICLE UNDER THE TIRES FOR LIFE PROGRAM

	TIRE MAKE	TIRE MODEL	TIRE SIZE
LEFT FRONT			
RIGHT FRONT			
LEFT REAR			
RIGHT REAR			

DEALER COST FOR THE TIRE(S) BEING REPLACED: **(Supported by a copy of invoice.)**	
Dealers Signature:	

By signing above you acknowledge and confirm that: (1) the Vehicle has been maintained according to the Manufacturers recommended schedule with 100% of the work being performed at the above Dealership, (2) the Manufacturer's Maintenance Guide has been validated by the Dealership Personnel and maintained by you, (3) An alignment has been performed every 15,000 miles or every year whichever occurs first with the work being performed by the Dealership, and (4) the tires have been rotated every 5,000 to 6,000 miles at the Dealership.

Please also attach a copy of the Repair Order / Service Invoice under which tire(s) are being replaced

Send this completed form and attachments to: Conley Insurance Group, Inc.
Phone: 314-909-9100 **13421 Manchester Road, Suite 204**
Fax: 314-909-9157 **St. Louis, MO 63131-2041**