

★AMERICUS

PREMIUM ST RADIAL TRAILER



**24-HOUR TIRE ROADSIDE
ASSISTANCE PROGRAM**

★AMERICUS



24-HOUR TIRE ROADSIDE ASSISTANCE

This complimentary benefit begins on the date identified on your original invoice and continues for a period of twenty-four (24) months. Service provided after twenty-four (24) months from the date on your invoice are not eligible for reimbursement.

This benefit is available to the original purchaser of eligible trailer tires from American Omni Trading Company as identified on the original invoice and is not transferable. Coverage is strictly limited to the specific vehicle/trailer identified on the original invoice for claims occurring in the United States and Canada only.

During the term of the Coverage Period, you may receive flat tire changing assistance by calling the service provider of your choice. If you need assistance locating a service provider in your area, you may call +1-855 691-6664 (855-My1-OMNI). You will be reimbursed up to \$300.00 for eligible expenses incurred for flat tire changing assistance. Flat tire changing assistance is strictly limited to the installation of your usable spare tire. If You do not have a usable spare and require a tow, You will be reimbursed up to \$300.00 for eligible expenses.

You will be reimbursed for covered services up to a maximum of \$300.00 per occurrence, limited to a maximum of three (3) occurrences per any twelve (12) month period.

The driver of the vehicle must remain with the vehicle until the service provider arrives. Roadside assistance cannot be provided to an unattended vehicle. If the driver is not with the vehicle, you may incur additional fees which are not covered under the terms of this program. To file a reimbursement claim, you must submit the following information within ninety (90) days of the date of service:

1. A photocopy of the original invoice identifying the tires purchased. The invoice must identify the year, make and model of your vehicle/trailer.
2. Your complete name, address, and telephone number.
3. A photocopy of the paid invoice for roadside assistance from a valid auto service provider. This paid invoice must detail the name address, and telephone number of the service provider. It must also identify the specific vehicle/trailer receiving the service. Submit the above documentation to: Roadside Assistance P.O. Box 33535 Denver, CO 80233

Complete program Terms and Conditions can be found at www.terms.abswarranty.net/AOT



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1-855-691-6664

Date of purchase: _____