

## GAP Cancellation Request Form

Please complete the information below to cancel Your Gap Certificate / Contract / GAP Waiver Addendum. For complete details regarding cancellations, please refer to the Cancellation section of Your GAP Certificate / Contract / GAP Waiver Addendum.

DEALER INFORMATION		
DEALERSHIP NAME	CONTACT PERSON	
ADDRESS		
CITY	STATE	ZIP CODE
DEALER SIGNATURE		PHONE NUMBER

LIEN HOLDER/LESSOR INFORMATION		
LIEN HOLDER/LESSOR NAME	PHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP CODE

CUSTOMER INFORMATION		
NAME	PHONE NUMBER	
ADDRESS		
CITY	STATE	ZIP CODE
CANCELLATION DATE	VIN NUMBER	

### REASON FOR CANCELLATION

- Vehicle sold or traded
- No longer desires
- Other (List Reason) \_\_\_\_\_

Please cancel my GAP Certificate / Contract / GAP Waiver Addendum on the above identified vehicle effective on the cancellation date listed above. I understand that once cancelled, coverage may neither be repurchased nor reinstated.

CUSTOMER SIGNATURE	MONTH/DAY/YEAR / /
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Please forward to:

CSCI  
P.O. Box 19340  
Kalamazoo, MI 49019  
Fax Number: 269-388-3554

For questions regarding cancellations, please call 888-640-2540.