

# CLASSIC GAP

## GAP Coverage Cancellation Form

I wish to cancel my GAP and have my unearned portion of my GAP cost refunded to me. I understand this refund will be calculated per the terms of my GAP Addendum and that you will credit the principal balance of my loan if my loan is unpaid and will refund directly to me if the loan is paid in full. Copies of my GAP WAIVER and INSTALLMENT AGREEMENT are attached.

I further understand and accept that this cancellation will totally VOID all protection provided by the GAP Addendum for the entire term of the loan and I will have no recourse or claim against The Company or the originating dealer in the event of a total loss or unrecovered theft to my vehicle.

Buyer/Lessee Name	Dealer/Lessor Name	Full VIN #
Buyer/Lessee Signature	Dealer/Lessor Signature	Cancellation Date

Reason for Cancellation:  Unwind  Repo  Customer Request  Loan Termination  Total Loss

The following forms MUST be provided, Please check all that are included :

Cancellation Form  GAP Contract  Customer Signature, Repo Letter, Payoff Letter, or Odometer

### DEALERSHIP CANCELLATION WORK SECTION

MO.      DAY      YR.

CANCELLATION DATE _____ / _____ / _____	ORIGINAL GAP CHARGE    \$ _____
GAP PURCHASE DATE _____ / _____ / _____	REFUND FACTOR                      _____ %
MONTHS ELAPSED: _____ ORIGINAL TERM: _____	GROSS REFUND                      \$ _____
MONTHS REMAINING _____	CANCELLATION FEE:                \$ _____
	NET REFUND                            \$ _____

### COMPANY WORK SECTION - DO NOT USE

CK = _____	Administrator _____
	PR# / Scanning Date _____

**DO NOT** DEDUCT CANCELLATIONS FROM YOUR REMITTANCE.

Please submit all required cancellation paperwork: cancellation form, Classic GAP waiver, and any backup information for reason of cancellation to our office **within 90 days** of cancellation.

**CLASSIC GAP**  
**106 STATE STREET EAST**  
**OLDSMAR, FL 34677**  
**PHONE (813) 855-8300 FAX (813) 749-8531**