

Vehicle Service Contract **Customer Cancellation Request Form**

Please refer to the Contract Registration and the Cancellation section of the agreement for specific terms and conditions regarding cancellations.

Contract/Policy Holders must complete this form and bring it to their selling dealership or local dealer/retailer for validation and processing.

Vehicle Identification Number:	_____	(Must be 17 characters)
Contract/Reference/Policy Number:	_____	
Date of Cancellation:	____/____/____	Odometer Reading: _____X
	(MM) (DD) (YYYY)	(Do NOT enter tenths)
Lienholder Name:	_____	
Lienholder Address:	_____	
	_____	_____
	(City)	(State/Province) (ZIP/Postal Code)
Lienholder Account Number:	_____	

Contract/Policy Holder Name:	_____		
Mailing Address:	_____		
	_____	_____	_____
	(City)	(State/Province)	(ZIP/Postal Code)
Phone Number(s):	_____		
E-Mail Address (optional):	_____		
Reason for Cancellation:	_____		
	(Examples: vehicle sold, vehicle traded, total loss, no longer desire benefits, etc.)		
Contract/Policy Holder Signature:	_____	Date:	_____
Important: I understand that once cancelled, coverage may neither be repurchased nor reinstated, and that the refund will be sent to the lienholder unless documentation is provided that the account has been paid in full.			

Dealer/Retailer Name:	_____		
Authorized Representative Name and Title:	_____		
Signature of Authorizer:	_____	Date:	_____
	(Signature confirms the above information has been verified and is accurate)		

For questions regarding cancellations call:

1-866-215-7080

Mail or fax completed forms and supporting documents to:

Service Center
P.O. Box 802528
Chicago, IL 60680-2528
FAX: 1-877-469-5609