Protective

Contract Number

Lender/Lessor (Dealer) Number

GAP CANCELLATION FORM

Send to:

CSCI, PO BOX 19340, KALAMAZOO, MI 49019 * FAX 269-388-3554 *

Lender/Lessor (Dealer) Name			Consumer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Assigned Lending Institution Name		
Street Address		
City	State	Zip

Contract Effective Date (MO) (DAY) (YEAR)	Date of Cancellation (MO) (DAY) (YEAR)

VEHICLE DESCRIPTION

Year	Make	Model	Vehicle Identification Number

Consumer Request for Cancellation
(Attach Contract)

Reason For Cancellation -select one-

_____ Repossession (Copy of Notice)
_____ Insured's Request ____ / ____ / ____ Signature _____
_____ Pay Lending Institution
_____ Loan paid in full (Copy of Loan "PAID" Document - or letter required)
_____ Other: _____

I hereby request cancellation of the GAP coverage. In consideration of this cancellation, I do hereby release and forever discharge the original Lender/Lessor and the Administrator, Western Diversified Services, Inc., and I agree to hold the Lender/Lessor and the Administrator harmless from any and all claims, demands, action and payments on account of the Addendum, except for partial refund of the Addendum charge.

Witness: _____ Consumer _____ _____
(Dealer) Signature Signature (Date)
(Signature must be one of consumers who signed the Certificate)

BLUE-HOME OFFICE • WHITE-LENDING INSTITUTION • PINK-LENDER/LESSOR • GREEN-CONSUMER
CSCI GAP CANCEL (1/06)