



AMERICAN PAYMENT GUARDIAN, INC.  
 P.O. Box 597  
 Mt. Prospect, IL 60056  
 Toll Free 1-888-442-2886

Addendum Number
Lender (Dealer) Number

**GAP COVERAGE CANCELLATION FORM**

Lender/Lessor/Dealer Name			Consumer Name		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code

Assigned Lending Institution Name		
Street Address		
City	State	Zip Code
Loan Number		

Coverage Effective Date			Cancel Effective Date		
Month	Day	Year	Month	Day	Year

**VEHICLE DESCRIPTION**

Year	Make	Model	VIN
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***Request for Cancellation***

I hereby request cancellation of the GAP Total Protection Coverage ("Agreement") described above. In consideration of this cancellation, I do hereby release and forever discharge the original lender/lessor ("Dealer"), the Assigned Lending Institution ("Lender"), and the Administrator, American Payment Guardian, Inc. ("Administrator") and the insurance carrier, and I agree to hold the Dealer, the Lender, the Administrator and the insurance carrier harmless from any and all claims, demands, actions and payments on account of the Agreement, except for available refund of the Agreement charge as set forth in the Agreement.

Consumer Request – Unless evidence is provided that the loan has been repaid, refund will be made to the Financial Institution.

**Witness:** \_\_\_\_\_ **Consumer:** \_\_\_\_\_  
 (Dealer) Signature Signature Date

Repossession  
 Other \_\_\_\_\_  
 (Provide Explanation)

*(If repossessed, attach notice from Assigned Lending Institution, including the date of repossession.)*

Assigned Lending Institution: \_\_\_\_\_

Signature/Title: \_\_\_\_\_

Date: \_\_\_\_\_