



# Vehicle Service Contract Customer Cancellation Request Form

Please refer to the Cancellation section of the Contract Registration form for specific terms and conditions regarding policy cancellation. All cancellations must be validated and processed by the selling dealership at which you purchased your vehicle.

Send Payment To: (Check One):  Customer  Dealer  Lienholder  
*(Note: Payment can only go to Customer or Dealer if the required proof of "Paid in Full" has been provided.)*

Vehicle Identification Number: \_\_\_\_\_  
(Must be 17 characters)  
Contract/Reference/Policy Number: \_\_\_\_\_  
Date of Cancellation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Odometer Reading: \_\_\_\_\_  
(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): \_\_\_\_\_  
Reason for Cancellation: \_\_\_\_\_  
(Examples: vehicle sold, vehicle traded, total loss, no longer desire benefits, etc.)  
**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.**  
Contract/Policy Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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:**  
Mail or fax completed forms and supporting documents to:

**(866) 215-7080**  
Service Center  
P.O. Box 802528  
Chicago, IL 60680-2528  
**FAX: (877) 469-5609**