

CANCELLATION REQUEST FORM - CUSTOMER COPY

ALL CANCELLATIONS ARE FINAL. COVERAGE CANNOT BE REINSTATED FOR ANY REASON. SELLING DEALER IS RESPONSIBLE FOR ALL REFUNDS.

CONTRACT/BUYER DETAILS

Contract number: _____ Contract date: _____
Cancellation date: _____ Vehicle mileage: _____
Vehicle: _____ VIN: _____
Buyer name: _____
Buyer address: _____
Buyer city/state/zip: _____

DEALER/USER DETAILS

Dealer name: _____ Dealer phone: _____
User: _____ User email: _____

REASON FOR CANCELLATION

- Customer request Voided sale Repossession Total loss
 Contract payoff (for GAP contracts only) Refinance (for GAP contracts only)
 Other: _____

SIGNATURES

Buyer/lessee signature Date

Dealer/lessor signature Date

By signing this cancellation request I indicate that I have read and understand this termination policy. I hereby request termination of the program in accordance with the cancellation terms and conditions. I understand I relinquish all rights and provisions and release IAS of any and all financial responsibility regarding this agreement. All cancellations are final and coverage cannot be reinstated for any reason per the insurance company.