



GAP

# CANCELLATION REQUEST FORM

## POLICY INFORMATION

Policy Holder Name	Policy #	V.I.N.
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Email Address

## DEALER INFORMATION

Dealership Name	(DBA if used)	Dealer #
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Phone #	Fax #	Dealer Contact
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Email Address

## CANCELLATION INFORMATION

Reason for Cancellation

Policy Cancellation Date

Lienholder	Lienholder Account Number
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Address

City	State	Zip Code
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Has Lienholder Been Paid In Full?

YES  NO

**IMPORTANT NOTICE: If Lienholder has not been paid in full and a claim for benefits will be made, the claim must be filed with the administrator prior to submission of this cancellation request.**

## CANCELLATION PROCEDURES:

Please include the following required documentation and Policy Holder's signature with this form to complete cancellation.

- If refinanced: Supply a copy of new financing contract.
- If trade-in: Supply a copy of documentation showing date of trade-in or odometer statement.
- If repossessed: Supply a copy of repossession letter from lienholder.
- If total loss: Supply a copy of insurance company's verification of loss or theft.
- If lien has been paid: Supply a copy of letter from lienholder showing date loan was paid in full.
- If unwind: Supply an unwind letter on dealership letterhead.

I wish to cancel my EasyCare GAP and have the unearned portion of the EasyCare GAP cost refunded to me. I understand that this refund will be calculated per the terms of my EasyCare GAP Addendum and that you will either credit the principle balance of my loan, if my loan is unpaid, or will refund directly to me, if the loan is paid in full.

I further understand and accept that this cancellation will totally VOID all protection provided by the EasyCare GAP Addendum for the entire term of the loan and I will have no recourse or claim against any of the parties named in the EasyCare GAP Addendum in the event of a future total loss or unrecovered theft to my vehicle.

Original Policy Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_ Seller's Signature (Dealer's Authorized Representative's Signature) \_\_\_\_\_ Date \_\_\_\_\_

**MAIL TO: EasyCare • P.O. Box 888050 • Atlanta, GA 30356-8050**

**FAX TO: 770/246-2442**

**ONLINE: [www.apcodealeronline.com](http://www.apcodealeronline.com)  
Cancellations • 800/521-2774**