



Contract Number

Lender/Lessor (Dealer) Number

# GAP CANCELLATION FORM

Send to:

**Protective, P. O. Box 770, Deerfield, IL 60015-0770**

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

### VEHICLE DESCRIPTION

Year	Make	Model	Vehicle Identification Number
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### 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)