Protective
Asset Protection

Contract Number

Lender/Lessor (Dealer) Number

CANCELLATION FORM

Please provide a copy of this completed form to your selling dealership and Fax to: (800) 574-5116

Lender/Lessor (Dealer) Name	Customer Name	
Street Address	Street Address	
City, State/Province, Zip/Postal Code	City, State/Province, Zip/Postal Code	Customer Phone ( )

Assigned Lending Institution Name
Street Address
City, State/Province, Zip/Postal Code

Contract Effective Date (MO) (DAY) (YEAR)	Date of Cancellation (MO) (DAY) (YEAR)
| |	| |

VEHICLE/RV DESCRIPTION

Year	Make	Model	VIN/Towable/Coach/Serial Number

Customer Request for Cancellation (Attach Contract)

Odometer Reading at time of Cancellation

☐ Miles ☐ Kilometers

REASON FOR CANCELLATION (Check One):

- ☐ Sale Unwound (If older than 90 days submit supporting documents)
- ☐ Repossession (Submit copy of Repo Documents)
- ☐ Customer Request (Customer Signature required; Date of Cancellation must be within 90 days of Current Date)
- ☐ Loan paid in full (Submit Paid In Full Notice from lienholder)
- ☐ Sold Vehicle/RV (Customer Signature required; Submit Proof of Sale, if older than 90 days)
- ☐ Traded In (Customer Signature required; Submit Trade documents, if older than 90 days)
- ☐ Total Vehicle/RV Loss (Submit copy of Total Loss documents)
- ☐ Other: _____

REQUEST MADE BY: ☐ Selling Dealer ☐ Customer (attach contract)

In consideration of this cancellation, I do hereby release and forever discharge the original Lender/Lessor and the Administrator, and I agree to hold the Lender/Lessor and the Administrator harmless from any and all claims, demands, actions and payments on account of the Contract, except for partial refund of the Contract charge. I further understand that any service charge indicated in the Contract may be subtracted from any refund for which I qualify. I understand any Refund due will be paid to the lienholder in the event the loan has not been satisfied, and that I must notify the Administrator if the refund has not been received by me or credited to the Lender/Lessor within sixty (60) days.

Witness:_____ Customer: _____ _____

(Dealer) Signature Signature Date

(Signature must be one of the customers who signed the Contract)

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