Key/Remote Replacement Coverage Cancellation Form

I wish to cancel my Key/Remote Replacement policy and have my unearned portion of my policy cost refunded to me. I understand this refund will be calculated per the terms of my policy and that you will credit the principal balance of my loan if my loan is unpaid and will refund directly to me if the loan is paid in full. Copies of my Key/Remote Replacement policy and INSTALLMENT AGREEMENT are attached.

I further understand and accept that this cancellation will totally VOID all protection provided by the Key/Remote Replacement policy for the entire term of the loan and I will have no recourse or claim against The Company or the originating dealer in the event of a total loss or unrecovered theft to my vehicle.

Buyer/Lessee Name	Dealer/Lessor Name Dealer/Lessor Signature		Full VIN # Cancellation Date		
Buyer/Lessee Signature					
Reason for Cancellation:	vind 🗖 Repo 🗖	Customer Request	🖵 Loan T	ermination	☐ Total Loss
The following forms <u>MUST</u> be Cancellation Form Key/Re Letter, or Odometer	± ·			ture, Repo L	etter, Payoff
DEALE MO.	RSHIP CANCH DAY YR	ELLATION WOR	K SECTI	ON	
CANCELLATION DATE / _	/	ORIGINAL PO	OLICY CHAR	.GE \$	
PURCHASE DATE /	/	_ REFUND FACTO	OR		%
MONTHS ELAPSED: ORIGIN	JAL TERM:	GROSS REFU	ND	\$	
MONTHS REMAINING		CANCELLATI	ON FEE:	\$	
MONTHS REMAINING		NET REFUND		\$	
COM	IPANY WORK	SECTION – DO	NOT USF	£	
CK =		Administrator_			
		PR# / Scanning	g Date		
			5 Date		

DO NOT DEDUCT CANCELLATIONS FROM YOUR REMITTANCE.

Please submit all required cancellation paperwork: cancellation form, Key/Remote Replacement policy, and any backup information for reason of cancellation to our office **within 90 days** of cancellation.

CLASSIC 106 STATE STREET EAST OLDSMAR, FL. 34677 PHONE (813) 855-8300 FAX (813) 749-8531