

# 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: \_\_\_\_\_ Product: \_\_\_\_\_  
Cancellation date: \_\_\_\_\_ Contract date: \_\_\_\_\_  
Vehicle: \_\_\_\_\_ Vehicle mileage: \_\_\_\_\_  
Buyer name: \_\_\_\_\_ VIN: \_\_\_\_\_  
Buyer address: \_\_\_\_\_  
Buyer city/state/zip: \_\_\_\_\_

## DEALER/USER DETAILS

Dealer name: \_\_\_\_\_ Dealer phone: \_\_\_\_\_  
User: \_\_\_\_\_ User email: \_\_\_\_\_

## QUOTE DETAILS

Quote date: \_\_\_\_\_ Quote expires: \_\_\_\_\_  
Terms: \_\_\_\_\_ Days elapsed: \_\_\_\_\_  
Refund method: \_\_\_\_\_ Cancellation fee: \_\_\_\_\_  
Quoted refund %: \_\_\_\_\_

## 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.*