

GAP CANCELLATION REQUEST FORM

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Cancellation Request Date: \_\_\_\_\_ GAP Waiver Effective Date: \_\_\_\_\_

Borrower Name: \_\_\_\_\_ Contract #: \_\_\_\_\_

Address: \_\_\_\_\_

Reason For Cancellation: \_\_\_\_\_

Policy (Plan) #: \_\_\_\_\_ (GAP) Producer Code #: \_\_\_\_\_

Dealership's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Borrower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**"YOU MUST ALSO PROVIDE A COPY OF THIS FORM TO THE ORIGINAL  
SELLING DEALER"**

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Please mail this form to:  
**Claims Center**  
800 Yamato Road, Suite #100  
Boca Raton, FL 33431  
**Attn: Cancellation Department**  
Tel: 888-684-9327