

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:	_____	Contract date:	_____
Cancellation date:	_____	Vehicle mileage:	_____
Vehicle:	_____	VIN:	_____
Buyer name:	_____		
Buyer address:	_____		
Buyer city/state/zip:	_____		

DEALER/USER DETAILS

Dealer name:	_____	Dealer phone:	_____
User:	_____	User email:	_____

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.