

Cancellation Request Form

CANCELLATION REQUESTS MUST BE PROCESSED THROUGH THE DEALERSHIP



Return document to:

Allstate Dealer Services, 1776 American Heritage Life Dr., Bldg. B., Jacksonville, FL 32224, Attn: Cancellation Dept.
Phone: 800-621-4871 Fax: 866-398-9021 Email: cancellations@allstatedealerservices.com

SECTION A – PRODUCT TO BE CANCELLED (Select One)

- | | |
|---|---|
| <input type="checkbox"/> Vehicle Service Contract (VSC) | <input type="checkbox"/> Guaranteed Asset Protection (GAP)* |
| <input checked="" type="checkbox"/> Tire & Wheel (TW) | <input type="checkbox"/> Excess Wear & Tear (EWT)* |
| <input type="checkbox"/> Complete Protection (CP) | <input type="checkbox"/> Roadside Services (RS) |
| <input type="checkbox"/> Theft Deterrent (TD) (except FP1554) | |
| <input type="checkbox"/> Vehicle Appearance Prot. (VAP) | |

Contract Number: _____

NOTICE REGARDING GAP CANCELLATION: THE CONSUMER HAS THE UNCONDITIONAL RIGHT TO CANCEL GAP FOR A FULL REFUND OR CREDIT WITHIN THIRTY (30) DAYS AFTER IT IS PURCHASED, PROVIDED THE COLLATERAL HAS NOT SUFFERED A TOTAL LOSS, AND THIS FORM, OR OTHER WRITTEN NOTICE OF CANCELLATION IS COMPLETED AND RETURNED TO THE ABOVE ADDRESS POSTMARKED NO LATER THAN THIRTY (30) DAYS AFTER THE GAP WAS PURCHASED. IF THE CONSUMER DOES NOT RECEIVE THE REFUND OR CREDIT WITHIN SIXTY (60) DAYS OF NOTICE OF CANCELLATION OR TERMINATION, THEY MAY CONTACT THE GAP ADMINISTRATOR.

SECTION B – PRODUCER INFORMATION (Please PRINT)

THE AUTOMASTER
Producer Name
3328 SHELBURNE RD
Address
SHELBURNE VT 05482
City State Zip Code
802-985-8411
Phone Fax

SECTION C – CUSTOMER INFORMATION (Please PRINT)

DUMONT NANCY
Last Name First Name
5 U X K R 0 C 5 X J 0 X 8 3 9 1 6
Vehicle Identification Number (VIN) Odometer Reading as of Cancellation Date

SECTION D – REASON FOR CANCELLATION (Please check one)

To process this cancellation request, the following supporting documentation is required:

- ☒ Customer Request - Attach correspondence or customer signature below
☐ Total Loss – Attach proof of total loss
☐ Repossession - Attach proof of repossession
☐ Other, please explain _____
(Please include any supporting documentation)

*If canceling GAP or EWT, will a claim be filed? ☐ Yes ☐ No

SECTION E - SIGNATURES

Dealership Personnel Signature LIZ COSTANDI
Print Name
11/23/2021
Today's Date (mm/dd/yyyy)
Customer Signature (If required, see Section D above)



IAS 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: 12-29-20
Cancellation date: 11-19-21 Vehicle mileage: 38,935
Vehicle: 2018 BMW X5 VIN: 5UXKR0C5XJ0X83916
Buyer name: Nancy Dumont
Buyer address: 1241 Taber Hill Rd
Buyer city/state/zip: Stowe, VT 05672

DEALER/USER DETAILS

Dealer name: The Automaster Dealer phone: 802-985-8411
User: Liz Costandi User email: liz@theautomaster.com

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

Nancy Dumont 11/3/21
Buyer/lessee signature Date
[Signature] 11/23/21
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.