

To Be Completed by Selling Dealership

Today's Date: _____

Check one or more boxes: VSC GAP Tire & Wheel Windshield Paintless Dent Repair
 Key Replacement with Motor Club Bundle Contract

Contract/Waiver # _____

Dealer Code No. _____

VIN _____

Dealer Name _____

Customer's Name _____

Address _____

Cancellation Refund Amount \$ _____

This is a quote only. The actual cancellation refund amount will be determined upon receipt of the Cancellation Request by CNA National Warranty Corporation or CNA National Warranty Corporation – Florida, as appropriate.

City, State, Zip _____

Selling Dealer Signature _____

Lienholder _____

Cancellation Mileage _____

*Cancellation Date _____

Month/Day/Year

Total Loss (*does not apply to GAP unless GAP Elite was purchased*)

Attach statement of total loss from insurance company or lienholder

Repossession

Attach proof of repossession from lienholder

Customer Request

Obtain customer signature or attach signed customer correspondence

Other/Flat Cancel

Explain below and attach documentation (required for flat cancels outside guidelines)

Explanation (mandatory for flat cancellation): _____

CANCELLATION DISCLOSURE

- A cancellation of a financed product will not lower your monthly vehicle payment.
- A cancellation fee may be assessed. Please refer to the cancellation provisions in your contract/waiver for details.
- All claims made under the contract/waiver must be adjudicated prior to the Cancellation Date.
- Refer to the contract/waiver for specific information related to how the cancellation refund will be calculated.
- As of the Cancellation Date above, all future repairs will be your responsibility; no claims initiated after the Cancellation Date will be processed and/or authorized, and no other benefits accorded under the contract/waiver will be available.
- Cancellation may take up to 30 days for processing.
- By canceling this contract/waiver, I, the Customer identified above, have read and fully understand the Cancellation Disclosure described above.

** All requests **MUST** be received by CNA National Warranty Corporation or CNA National Warranty Corporation – Florida within **10 days** of the cancellation date indicated above.*

Customer's Signature_____
Date_____
Customer's e-mail address (required for Florida)

**CNA National Warranty Corporation • Attn: Cancellations Dept. • P. O. Box 2840 • Scottsdale, Arizona 85252-2840
800-345-0191, extension 412**

Email: cancellations@cnanational.com; Fax: 888-694-4166

Issued in Florida by CNA National Warranty Corporation – Florida, License 60098