



Nation Safe Drivers
G.A.P. Cancellations Request Form

Cancellation Request Date: _____
GAP Waiver Effective Date: _____
Today's Date: _____

Customers Name: _____
Contract Number: _____

Customer Signature: _____

Address: _____

City: _____ State _____ Zip Code _____

Reason for Cancellation: _____

Dealership Name: _____

Address: _____ Phone#: _____

City: _____ State: _____ Zip Code: _____

Please e-mail or fax this form to:
Conley Insurance Group
Attn: Jeanne Wynn
jeanw@conleyinsurance.com
F-314-909-9157

The following documents must accompany this form:

- 1. Legible copy of the GAP addendum.**
- 2. Repossession: Legible copy of repossession letter, repossession date should be used for the cancellation date above.**
- 3. Leinholder payoff: Legible copy of payoff letter from the lending institution.**
- 4. Sale of vehicle: Legible copy of the odometer statement obtained upon transfer of vehicle title or trade in.**
- 5. If reason for cancellation is due to Total Loss, please provide proof of loss or provide proof loan is paid in full by insurance carrier.**