

All - GAP



Reset Form

Cancellation Request

To Be Completed
by Selling Dealer

Today's Date: _____

Selling Dealer Code No. _____

Contract No. _____

Selling Dealer _____

VIN _____

Address _____

Customer's Name _____

City, State, Zip _____

Lienholder Name _____

(If paid in full please attach proof of payoff)

Selling Dealer Signature _____

CANCELLATION MILEAGE _____

*CANCELLATION DATE _____

Month/Day/Year

Repossession
Attach proof of
repossession from
lienholder

Total Loss
Attach statement of total
loss from insurance
company or 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) _____

CUSTOMER QUESTIONNAIRE

- Are you aware that if your service contract purchase price was included in your vehicle financing, any refunds will be returned to the lienholder?.....Yes No
- Are you aware that if your service contract was included in your vehicle financing, the refund to the lienholder will be deducted from the principal of your loan and may not lower your monthly payment?Yes No
- Are you aware that under the terms of your service contract, the refund may be calculated based upon the unused portion of your time or miles remaining?.....Yes No
(Refer to your vehicle service contract for details and, if applicable, any state requirements.)
- Are you aware that once your vehicle service contract has been cancelled, you will be responsible for all mechanical repairs above and beyond the factory warranty?.....Yes No
- Are you aware that under the terms of the vehicle service contract, there may be a fee for cancellation?Yes No
(Refer to your vehicle service contract for details and, if applicable, any state requirements.)

I have read and fully understand that the cancellation will be processed as outlined above and the service contract will no longer provide any benefits after the cancellation date. (Please allow 30 days from today's date to process cancellation.)

*All requests MUST be received by CNA National Warranty Corporation or CNA National Warranty Corporation - Florida within 30 days of the cancellation date indicated above. The lienholder will be listed as an additional payee unless proof of loan payoff is submitted.

Customer Signature

Date

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

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

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

Fax: 888-694-4166



Waiver Cancellation Request

Reset Form

Today's Date: _____

To be Completed by Selling Dealer

Selling Dealer Code No. _____

Waiver No. _____

Selling Dealer _____

VIN _____

Address _____

Customer's Name _____

City, State, Zip _____

Lienholder Name _____
(If paid in full, please attach proof of payoff)

Selling Dealer Signature _____

*CANCELLATION DATE _____
Month/Day/Year

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 of guidelines.)

Explanation (mandatory for flat cancellation) _____

CANCELLATION DISCLOSURE

1. If your GAP Waiver purchase price was included in your vehicle financing, any refund will be returned to the lienholder (unless proof of payoff is attached).
2. If your GAP Waiver purchase price was included in your vehicle financing, the refund to the lienholder will be deducted from the principal of your loan and capitalized cost for lease and may not lower your monthly payment.
3. Your GAP Waiver refund will be calculated according to the terms stated in the GAP Waiver Addendum and state provisions, if applicable.
4. Once your GAP Waiver has been cancelled, you will be responsible, in the event of a total loss, for the difference between the payoff of the finance/lease outstanding balance and your automobile physical damage insurance settlement.
5. If you selected GAP PreferredSM and cancel your coverage, no coverage will be provided for a \$1,000 discount allowance from the original selling dealership on a replacement vehicle in the event of a total loss.

I/we (Buyer/Lessee) have read the above cancellation disclosure statement and fully understand that the cancellation will be processed as outlined above and my GAP Waiver Addendum will no longer provide any benefits from this date forward. I/we further understand that the Dealer/Lender/Lessor and CNA National Warranty Corporation are released from any and all claims made under the GAP Waiver Addendum. (Please allow 30 days from today's date to process cancellation.)

** This form MUST be received by CNA Service Center within 30 days of cancellation date indicated above.*

Borrower/Lessee Signature

Date

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

Co-Borrower/Co-Lessee Signature

Date

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

CNA Service Center • P.O. Box 2840 • Scottsdale, AZ 85252-2840 • 800-345-0191 • 480-941-1626

