



Cancellation Request

To Be Completed
by Selling Dealer

Today's Date: _____

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 guidelines)

Explanation (mandatory for flat cancellation) _____

CANCELLATION DISCLOSURE

1. If your GAP purchase price was included in your vehicle financing, any refunds will be returned to the lienholder (unless proof of payoff is attached).
2. If your GAP 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 addendum refund will be calculated according to the terms stated in the GAP addendum and state provisions, if applicable.
4. Once your GAP coverage 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 selling dealership on a replacement vehicle in the event of a total loss.

I/we (GAP holder[s]) have read the above cancellation disclosure statement, and fully understand that the cancellation will be processed as outlined above and my GAP coverage 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 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, Arizona 85252-2840 • Toll-Free 800-345-0191 • 480-941-1626

White/CNA National Yellow/Selling Dealer