

# Cancellation Request Form

Please fill out and email to CSAuto@assurant.com to request a cancellation

## Dealer Information

## Customer Information

Dealer Name			Customer Name		
Dealer Number			Address		
Address			City	State	Zip
City	State	Zip	Phone		
Phone			Email		
Email					

## Vehicle/Agreement Information

## Lienholder Information

Contract Number			Lienholder Name		
Vehicle Identification Number			Address		
Year	Make	Model	City	State	Zip
Odometer at Cancellation		Cancellation Date	Phone		

### Cancellation Reason (Please select one)

- |                                       |                                                  |
|---------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Traded/Sold  | <input type="checkbox"/> Customer Not interested |
| <input type="checkbox"/> Duplicate    | <input type="checkbox"/> Customer Non-Payment    |
| <input type="checkbox"/> Total Loss   | <input type="checkbox"/> Lender—Repossession     |
| <input type="checkbox"/> Deal Unwound |                                                  |

Signature

Date

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