



# 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 lien-  
holder

**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 Preferred<sup>SM</sup> 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

\_\_\_\_\_  
Co-Borrower/Co-Lessee Signature

\_\_\_\_\_  
Date

### 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