



Service Contract Number

Dealer Number

# SERVICE CONTRACT CANCELLATION FORM

Send to:

**Protective  
P. O. Box 770  
Deerfield, IL 60015-0770**

Dealer Name			Contract Holder's Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Lien Holder	Address
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**\*CURRENT MILEAGE MUST BE PROVIDED**

Contract Effective Date (MO) (DAY) (YEAR)	Cancel Effective Date (MO) (DAY) (YEAR)	Mileage at Issue	*Cancellation Mileage
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### REASON FOR CANCELLATION (Check One)

- SALE UNWOUND
- REPOSSESSION
- VEHICLE TOTALLED
- CUSTOMER REQUEST
- OTHER \_\_\_\_\_

### OFFICE USE ONLY

WDD \_\_\_\_\_ WDC \_\_\_\_\_ % \_\_\_\_\_  
 CARRIER \_\_\_\_\_ STATE \_\_\_\_\_

### VEHICLE DESCRIPTION

Year	Make	Model	Vehicle Identification Number
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### Customer Request for Cancellation

I hereby request cancellation of my Vehicle Service Contract ("Contract") described above. In consideration of this cancellation, I do hereby release and forever discharge the Service Contract Provider ("Dealer") and the Service Contract Administrator. ("Administrator"), and I agree to hold the Dealer and the Administrator harmless from any and all claims, demands, actions and payments on account of the Contract, except for partial refund of the Contract charge. I further understand that the service charge indicated in the Contract may be subtracted from any refund for which I qualify.

Witness: \_\_\_\_\_ Customer \_\_\_\_\_  
 (Dealer) Signature Signature (Date)