

PEOPLE. PRODUCTS. PERFORMANCE.
THE WAY IT SHOULD BE.®



Cancellation Request

- All cancellations are considered final.
- Coverage will not be reinstated for any reason.
- Selling dealer is responsible for all refunds due to customer.
- Cancellation request must be received with all required documents in our office within 30 days of the requested cancellation date or the date of cancellation quote to be processed without penalty.

Return Documents To: NWAN Inc, Attn: Cancellations Dept, P.O. Box 30308, Cleveland, OH 44130

Phone 800-810-8458 | Fax: 440-815-2357 | Email: cancellations@naenwan.com

PRODUCT(S) TO BE CANCELLED

- | | |
|--|---|
| <input type="checkbox"/> Vehicle Service Contract | <input type="checkbox"/> GAP Protect |
| <input type="checkbox"/> Tire + Wheel Protect | <input type="checkbox"/> Wear + Tear Protect |
| <input type="checkbox"/> Complete Choice | <input type="checkbox"/> Theft Protect |
| <input type="checkbox"/> Dent + Windshield Protect + RSA | <input type="checkbox"/> Custom Maintenance |
| <input type="checkbox"/> Surface Protect | <input type="checkbox"/> Key Protect |
| <input type="checkbox"/> Warranty Forever | <input type="checkbox"/> Surface Protect Windshield |
| <input type="checkbox"/> Limited Warranty | <input type="checkbox"/> Other _____ |

GENERAL INFORMATION

CANCELLATION DATE CONTRACT DATE CURRENT MILEAGE

YEAR MAKE MODEL

VIN DEALER/LESSOR

CUSTOMER NAME AND ADDRESS

REASON FOR CANCELLATION

To process this cancellation request, the following supporting documentation is required:

- | | |
|--|---|
| <input type="checkbox"/> Customer Request - Attach customer correspondence or customer signature below | <input type="checkbox"/> Voided Sale/Buyback |
| <input type="checkbox"/> Total Loss - Attach proof of total loss (insurance or lender statement) | <input type="checkbox"/> Contract Payoff - Attach proof of payoff |
| <input type="checkbox"/> Repossession - Attach proof of repossession | <input type="checkbox"/> Trade - Attach proof of trade |
| <input type="checkbox"/> Other, please explain _____ | |
- Please include any supporting documentation

ACKNOWLEDGEMENT

By my signature below, I understand and acknowledge that:

1. The requested cancellation date, mileage and the reason for cancellation are accurately stated above.
2. Any refund payment made to the lienholder will be deducted from the finance agreement's principal balance and any such deduction may not reduce my monthly payment.
3. The refund will be processed pursuant to the terms and conditions of the cancellation section identified on the agreement being cancelled.
4. An administrative fee may be applicable in accordance with the terms and conditions identified on the agreement of the product being cancelled.
5. I understand that this cancellation request may take up to 30 days for processing from the date that NWAN, Inc. receives the request.
6. I understand if a cancellation quote is generated on a non-cancellable product, the cancellation request/quote will not be honored.

I acknowledge that I have read and fully understand the terms and conditions of cancellation described herein. I understand that the contract I am cancelling terminates once I sign and date this form. I hereby terminate coverage as of the requested date of cancellation above.

CUSTOMER SIGNATURE

DATE

DEALER SIGNATURE

DATE