



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

- | | |
|---------------------------------|----------------------------|
| Vehicle Service Contract | GAP Protect |
| Tire + Wheel Protect | Wear + Tear Protect |
| Complete Choice | Theft Protect |
| Dent + Windshield Protect + RSA | Custom Maintenance |
| Surface Protect | Key Protect |
| Warranty Forever | Surface Protect Windshield |
| Limited Warranty | Other _____ |

GENERAL INFORMATION

CANCELLATION DATE	CONTRACT DATE	CURRENT MILEAGE
<hr/>		
YEAR	MAKE	MODEL
<hr/>		
VIN	DEALER/LESSOR	
<hr/>		
CUSTOMER NAME AND ADDRESS		
<hr/>		

REASON FOR CANCELLATION

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

- | | |
|---|--|
| Customer Request - Attach customer correspondence or customer signature below | Voided Sale/Buyback |
| Total Loss - Attach proof of total loss (insurance or lender statement) | Contract Payoff - Attach proof of payoff |
| Repossession - Attach proof of repossession | Trade - Attach proof of trade |
| 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
_____	_____	_____	_____