

PARTNERS ALLIANCE CORPORATION
REQUEST FOR GAP CANCELLATION • FAX TO: (858) 218-1469

Customer Information:

Name: _____

Policy Number (Or last 6 #'s of VIN): _____

Date Purchased: _____

Dealer Information:

Name of Dealer: _____

Contact Name: _____

Fax/Telephone Number: _____

Reason for Cancellation (check appropriate box below):

Requested Date of Cancellation: _____

- Customer Request - attach dated and signed letter from the customer or have customer sign and date below.
- Vehicle Trade In - attach a copy of odometer statement or new purchase agreement showing trade in. Date must be on both.
- Repossession - attach copy of financial institution repossession letter with date.
- Early Payoff - attach copy of financial institution payoff letter with date.
- Unwind - request from dealer with copy of voided contract.
- Date of Total Loss - customer must sign below & a copy of DOL & Lien release documents required.

All copies must be legible.
A COPY OF THE POLICY
must be sent in with this cancellation form.

Do not deduct cancellations from transmittal forms.
No refund will be paid if there is a claim against the Policy.
If the Policy is cancelled it cannot be reinstated.
No refund will be forthcoming if the refund is \$1.00 or less.

PAC USE ONLY
Form#:
Fee:
VIN chk: Y / N
Initial: _____

By your signature below, you are hereby requesting cancellation of your participation in our guaranteed auto protection program. You agree that no further benefits are due to you under the terms of your GAP addendum or GAP Insurance policy, except for partial refund the purchase charge.

Customer Signature: _____

Printed Name: _____

Date: _____