



FLORIDA CANCELLATION REQUEST

ALL CANCELLATIONS ARE FINAL.
COVERAGE CANNOT BE REINSTATED FOR ANY REASON.
SELLING DEALER IS RESPONSIBLE FOR ALL REFUNDS.

Contract Number: _____

Cancellation Date: _____ Contract Date: _____

Year & Model: _____ V.I.N.: _____

PROGRAM:

- GAP
- INTIRE
- THEFT
- PAINTLESS DENT REPAIR (PDR)
- OTHER

REASON FOR CANCELLATION:

- Customer Request
- Voided Sale
- Repossession
- Total Loss
- Contract Payoff
- Trade
- Other _____

Dealer/Lessor Name: _____

Buyer/Lessee Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Buyer/Lessee Signature	Date	Dealer/Lessor Signature	Date
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By signing this cancellation request I indicate that I have read and understand this termination policy: I hereby request termination of the program in accordance with the cancellation terms and conditions. I understand I relinquish all rights and provisions and release IAS of any, and all financial responsibility regarding this agreement. All cancellations are final and coverage cannot be reinstated for any reason per the insurance company.

- INSTRUCTIONS:**
1. Complete all information. (Incomplete forms will be returned unprocessed).
 2. Copy of warranty contract and/or warranty card must be attached for cancellation.
 3. Include all support documentation for payoff, refinancing, voided sale, trade, repossession, etc.
 4. **Send to:**
IAS L.P. Administrator
Cancellations Department
12800 Angel Side Drive
Leander, TX 78641
 5. Allow three to four weeks for processing.

FLORIDA CANCELLATION PROCEDURES

A cancellation request must be received in our office within 30 days of the requested cancellation date to be processed without penalty. All incomplete requests, missing information or support documentation, will be returned unprocessed and will delay refund. All cancellation requests should be mailed from the Dealer and will be processed in order by date received. All refunds are sent to the Dealership unless the Dealership is out of business.

Cancellation quotes are strongly recommended prior to mailing in a cancellation request. Please use the Cancellation Calculator under the Dealer Services menu at www.iasdirect.com or call 1-800-346-6469 ext. 8002 to get a cancellation quote.

CANCELLATION QUOTES AND FORMS AVAILABLE AT WWW.IASDIRECT.COM

All cancellation requests require the following:

1. A legible enrollment form (contract) with the enrollment price, the terms in months and contract number.
2. A completed cancellation request form.
3. If the cancellation is due to:

Customer Request - We must have the customers "Original signature" or a letter from the customer requesting cancellation. The signed document can be a cancellation request form and must be mailed, it can not be faxed.

Contract Payoff - A copy of the payoff letter issued by the lienholder to the customer indicating that the account has been paid in full must be provided. **(Only valid for GAP)**

Total Loss - Any document from the primary insurance company or lien holder stating total loss, or customer signature. **(Not valid for GAP.)**

Repossession - A copy of the repossession letter from the lienholder is required.

Vehicle Trade - An odometer statement or a cancellation request signed by the customer. A customer's signature must be original and must be mailed, not faxed.

Voided Sale - A voided contract may be mailed or faxed with "VOID" written on the contract. We will void the contract and issue a full refund as long as the request is received within 30 days of the contract start date.

Mail all correspondence to:

**IAS L.P. Administrator
Cancellations Department
12800 Angel Side Drive
Leander, TX 78641**

PLEASE ALLOW 3 TO 4 WEEKS PROCESSING TIME.