

GAP Waiver Cancellation Request

Today's Date: _____

To be Completed by Selling Dealer

Selling Dealer Code No. _____

Waiver No. _____

Selling Dealer _____

VIN _____

Address _____

Customer's Name _____

City, State, Zip _____

Lienholder Name _____
(If paid in full, please attach proof of payoff)

Selling Dealer Signature _____

*CANCELLATION DATE _____
Month/Day/Year

- Repossession:** Attach proof of repossession from lienholder.
- Customer Request:** Obtain customer signature or attach signed customer correspondence.
- Other/Flat Cancel:** Explain below and attach documentation (Required for flat cancels outside of guidelines).

Explanation (mandatory for flat cancellation) _____

CANCELLATION DISCLOSURE

1. If your GAP Waiver purchase price was included in your vehicle financing, any refund will be returned to the lienholder (unless proof of payoff is attached).
2. If your GAP Waiver purchase price was included in your vehicle financing, the refund to the lienholder will be deducted from the principal of your loan and capitalized cost for lease and may not lower your monthly payment.
3. Your GAP Waiver refund will be calculated according to the terms stated in the GAP Waiver Addendum and state provisions, if applicable.
4. Once your GAP Waiver has been cancelled, you will be responsible, in the event of a total loss, for the difference between the payoff of the finance/lease outstanding balance and your automobile physical damage insurance settlement.
5. If you selected GAP PreferredSM and cancel your coverage, no coverage will be provided for a \$1,000 discount allowance from the original selling dealership on a replacement vehicle in the event of a total loss.

I/we (Buyer/Lessee) have read the above cancellation disclosure statement and fully understand that the cancellation will be processed as outlined above and my GAP Waiver Addendum will no longer provide any benefits from this date forward. I/we further understand that the Dealer/Lender/Lessor and CNA National Warranty Corporation are released from any and all claims made under the GAP Waiver Addendum. (Please allow 30 days from today's date to process cancellation.)

** This form MUST be received by CNA Service Center within 30 days of cancellation date indicated above.*

Borrower/Lessee Signature

Date

Customer's e-mail address (required for Florida)

Co-Borrower/Co-Lessee Signature

Date

Customer's e-mail address (required for Florida)

CNA Service Center • P.O. Box 2840 • Scottsdale, AZ 85252-2840 • 800-345-0191 • 480-941-1626