

CANCELLATION REQUEST

(Please comply with the following procedures when submitting this request)

CANCELLATION GUIDELINES

1. In order to receive a flat cancellation on vehicles **not delivered**, the dealership must submit the following forms within 5 calendar days from the date of the application.
 - A. Cancellation Request Form. (This form)
 - B. A statement of facts signed by the customer.
2. On unwound **delivered vehicles** the policy fee is fully earned. The premium will be earned pro-rata from the effective date of the policy. The dealership must submit the following forms:
 - A. Cancellation Request Form. (This form)
 - B. A statement of facts signed by the customer, which states the date the vehicle was returned to the dealership.
3. In order to receive a flat cancellation where there is duplicate coverage the dealership must provide proof that the other insurance was in force at the time of delivery, which shows effective dates and type of coverage insured on the policy.
4. In order for the cancellation to take effect, items **1-9** below must be completed and **immediately** forwarded to the administrative company along with any other required paperwork.

CANCELLATION REQUEST FORM

1. POLICY NUMBER: _____ 4. CANCELLATION DATE: _____
2. DEALERSHIP NAME: _____ 5. TELEPHONE NUMBER: _____
3. CUSTOMER NAME: _____ 6. TELEPHONE NUMBER: _____

7. REASON FOR CANCELLATION: _____

8. _____
DATE FAXED

9. _____
DEALERSHIP SIGNATURE

FAX THIS COMPLETED FORM TO (949) 421-1650
or mail to
P.O. Box 5122, Lake Forest, CA 92609-8622