



CANCELLATION REQUEST FORM



Please select the program you wish to cancel.

* NOTE: A separate form may be required when cancelling certain programs.

- | | |
|---|--|
| <input type="checkbox"/> Entire Care | <input type="checkbox"/> Windshield |
| <input type="checkbox"/> Ultimate 5-in-1/Complete Titanium Plus | <input type="checkbox"/> Roadside Assistance |
| <input type="checkbox"/> Ultimate 4-in-1/Ultimate Titanium | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Tire & Wheel | <input type="checkbox"/> GAP |
| <input type="checkbox"/> Key/Remote Replacement | <input type="checkbox"/> Total Loss |
| <input type="checkbox"/> Paintless Dent Repair | |

MEMBER #: _____ **EFFECTIVE DATE:** _____

CUSTOMER NAME: _____

**CUSTOMER
ADDRESS:** _____

CONTRACT TERM: _____ **CANCELLATION DATE:** _____

Reason for cancellation:

Dealer Information:

DEALER NAME: _____

DEALER ADDRESS: _____

DEALER CONTACT: _____ **DEALER PHONE#:** _____

PLEASE EMAIL, MAIL OR FAX TO:

Nation Safe Drivers ♦ 800 Yamato Road, Suite 100 ♦ Boca Raton, FL 33431

Email: cancels@nationsafedrivers.com

*To expedite the processing of your cancellation –
Please be sure to include a front and back copy of your contract.*