Cancellation Request Form

CANCELLATION REQUESTS MUST BE PROCESSED THROUGH THE DEALERSHIP

Allstate®
Dealer Services

Return document to:
Allstate Dealer Services, 1776 American Heritage Life Dr., Bldg. B., Jacksonville, FL 32224, Attn: Cancellation Dept.
Phone: 800-621-4871 Fax: 866-398-9021 Email: cancellations@allstatedealerservices.com

SECTION A – PRODUCT TO BE CANCELLED (*Select One*)

☐ Vehicle Service Contract (VSC)
☐ Tire & Wheel (TW)
☐ Complete Protection (CP)
☐ Theft Deterrent (TD) (*except FP1554*)
☐ Vehicle Appearance Prot. (VAP)

☐ Guaranteed Asset Protection (GAP)*
☐ Excess Wear & Tear (EWT)*
☐ Roadside Services (RS)

Contract Number: _____

NOTICE REGARDING GAP CANCELLATION: THE CONSUMER HAS THE UNCONDITIONAL RIGHT TO CANCEL GAP FOR A FULL REFUND OR CREDIT WITHIN THIRTY (30) DAYS AFTER IT IS PURCHASED, PROVIDED THE COLLATERAL HAS NOT SUFFERED A TOTAL LOSS, AND THIS FORM, OR OTHER WRITTEN NOTICE OF CANCELLATION IS COMPLETED AND RETURNED TO THE ABOVE ADDRESS POSTMARKED NO LATER THAN THIRTY (30) DAYS AFTER THE GAP WAS PURCHASED. IF THE CONSUMER DOES NOT RECEIVE THE REFUND OR CREDIT WITHIN SIXTY (60) DAYS OF NOTICE OF CANCELLATION OR TERMINATION, THEY MAY CONTACT THE GAP ADMINISTRATOR.

SECTION B – PRODUCER INFORMATION (*Please PRINT*)

_____ _____ _____
Producer Name   Producer ID   Cancellation Effective Date (mm/dd/yyyy)

_____
Address

_____ _____ _____
City   State   Zip Code

_____ _____
Phone   Fax

SECTION C – CUSTOMER INFORMATION (*Please PRINT*)

_____ _____
Last Name   First Name

_____ _____
Vehicle Identification Number (VIN)   Odometer Reading as of Cancellation Date

SECTION D – REASON FOR CANCELLATION (*Please check one*)

To process this cancellation request, the following supporting documentation is required:

☐ Customer Request - **Attach correspondence or customer signature below**

☐ Total Loss – Attach proof of total loss

☐ Repossession - Attach proof of repossession

☐ Other, please explain _____
(Please include any supporting documentation)

*If canceling GAP or EWT, will a claim be filed?   ☐ **Yes** ☐ **No**

SECTION E - SIGNATURES

_____ _____
Dealership Personnel Signature   Print Name

_____ _____
Customer Signature (If required, see Section D above)   Today's Date (mm/dd/yyyy)