



GAP INSURANCE

CANCELLATION REQUEST FORM

POLICY NUMBER	CUSTOMER NAME	DAYTIME TELEPHONE NUMBER
DEALERSHIP NAME	NAME OF DEALERSHIP REPRESENTATIVE	PHONE NUMBER / FAX NUMBER
VEHICLE IDENTIFICATION NUMBER	CANCELLATION DATE	CURRENT ODOMETER READING (KMS)

REASON FOR CANCELLATION

Cancel within 30 days of purchase Sold Vehicle Other _____

If vehicle was financed or leased, is the loan paid out? No Yes (Please include proof of payout)

If loan is paid out, please send refund to: Dealer Contract Holder

Name and address of Payee:

Signature of both the policy holder and dealer representative are required.

Signature of policy holder

Signature of the dealer representative

Date

Date

If you cancel this Policy within thirty (30) days of the Effective Date, provided no claim has been made, then you will receive a full refund of any premium that you have paid and the insurance coverage will be deemed never to have been in force.

Please return the completed form to SecureDrive by mail, fax or email:

[Mail] SecureDrive
#142 - 757 West Hastings Street
Vancouver, BC V6C 1A1

[Fax] 1-800-510-7605
[Email] customerservice@lqm.ca

For further information please call 1-800-510-8372