

Please note that this form may also be used for SecureRV and SecureTrailer contracts still under warranty.

CANCELLATION REQUEST FORM

POLICY/CONTRACT 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		
Purchased new policy/contract*	Provide new contrac	t#		
If vehicle was financed or leased, is the loan paid	out?	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/contract holder and dealer representative are required.				
Signature of policy/contract holder		Signature of the dealer representative		
Date		Date		

*IF A NEW POLICY/CONTRACT IS PURCHASED THE CANCEL FEE WILL BE WAIVED.

**IF NO PROOF IS ATTACHED, THE REFUND CHEQUE WILL BE MADE PAYABLE TO BOTH THE POLICY/CONTRACT HOLDER AND THE FINANCE SOURCE.

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@lgm.ca

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