



Service Agreement Number

Dealer Number

SERVICE AGREEMENT CANCELLATION FORM

Send to:

Protective Administrative Services, Inc., P. O. Box 770, Deerfield, IL 60015-0770

Phone: (800) 323-5771 ~ Fax: (800) 574-5116

Dealer Name			Agreement Holder's Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

ARE YOU THE SELLING DEALER? YES NO

Lienholder	Address
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***CURRENT MILEAGE MUST BE PROVIDED FOR MOTOR HOMES**

Agreement Effective Date (MO) (DAY) (YEAR)			Cancel Effective Date (MO) (DAY) (YEAR)			Mileage at Issue	*Cancellation Mileage
REASON FOR CANCELLATION (Check One)						Agreement Term	Agreement Mileage

REASON FOR CANCELLATION (Check One)

- SALE UNWOUND
- REPOSSESSION
- VEHICLE TOTALLED
- CUSTOMER REQUEST
- OTHER _____

VEHICLE DESCRIPTION

Year	Make	Model	Vehicle Identification Number
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Customer Request for Cancellation

I hereby request cancellation of my service agreement ("Agreement") described above. In consideration of this cancellation, I do hereby release and forever discharge the Agreement provider ("Dealer") and the Agreement administrator ("Administrator"), and I agree to hold the Dealer and the Administrator harmless from any and all claims, demands, actions and payments on account of the Agreement, except for partial refund of the Agreement charge. I further understand that the service charge indicated in the Agreement may be subtracted from any refund for which I qualify.

Witness: _____ Customer _____
 (Dealer) Signature Signature (Date)

PLEASE CONTACT OUR CANCELLATION DEPARTMENT TO COMPLETE THIS SECTION

ORIGINAL PURCHASE PRICE	\$ _____
LESS EARNED PREMIUM (HIGHEST % X ORIGINAL PRICE)	\$ _____
SUBTOTAL	\$ _____
LESS CANCELLATION FEE (refer to coverage booklet or call for fee)	\$ _____
REFUND DUE CUSTOMER	\$ _____

OFFICE USE ONLY

DLR _____	CST _____ % _____	CARRIER _____	STATE _____
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