



Nation Safe Drivers  
G.A.P. Cancellations Request Form

Cancellation Request Date: \_\_\_\_\_

GAP Waiver Effective Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Customers Name: \_\_\_\_\_ Contract Number: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Reason for Cancellation: \_\_\_\_\_

Dealership Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**Please fax or mail this form to us:**

Nation Safe Drivers

800 Yamato Road

Suite 100

Boca Raton, FL 33431

Toll Free: (800) 338-2680

Fax: (561) 226-3601

The following documents must accompany this form:

1. Legible copy of the GAP addendum, both front and back side.
2. Repossession: Legible copy of repossession letter, repossession date should be used for the cancellation date above.
3. Leinholder payoff: Legible copy of payoff letter from the lending institution.
4. Sale of vehicle: Legible copy of the odometer statement obtained upon transfer of vehicle title or trade in.

**Right to cancel:**

Customer has an unconditional right to cancel Gap for a full refund within 30 days after it was purchased.