

Dealership Cancellation Form

(Separate form required for each Product cancelled)

Date: _____
Dealership Name: _____ Customer Name: _____
Address: _____ Address: _____

To: Louisiana Dealer Services Insurance, Inc.
P.O. Drawer 83480
Baton Rouge, LA 70884

NOTICE
The Policyholder Original Policy & Current
Odometer Statement Must Be Enclosed
With This Request For Policy Refund

REQUEST FOR CANCELLATION/REFUND			
Policy Number: _____	OR Last 6 of VIN: _____		
Make: _____	Model: _____	Year: _____	
Cancellation Date: _____	At: _____	Mileage	

REASON FOR CANCELLATION/REFUND REQUEST			
Repossessed ¹	<input type="checkbox"/>	Voluntary Surrender ¹	<input type="checkbox"/>
Owner Request ²	<input type="checkbox"/>	Total (Wreck/Fire) ¹	<input type="checkbox"/>
Dealer Request ²	<input type="checkbox"/>	Sold/Traded ³	<input type="checkbox"/>

¹ Documentation MUST be attached, from the lienholder, verifying that the vehicle has been repossessed, voluntarily surrendered or totaled.
² The policyholder MUST sign below, authorizing the cancellation and the distribution of the refund.
³ In signing below, the dealership verifies that the lienholder has been, or will be, paid the amount due such lienholder, if the LDS MBI policy has been financed.

DISTRIBUTION OF REFUND CHECK	
Credit Statement of Dealer	<input type="checkbox"/>
Distribution Check to Lienholder	<input type="checkbox"/>
Distribution Check to Policyholder	<input type="checkbox"/>
Distribution Check to Other Than Selling Dealer	<input type="checkbox"/>

SIGNATURE OF POLICYHOLDER:	_____
AUTHORIZED SIGNATURE OF DEALERSHIP:	_____
TITLE:	_____