



INSTRUCTIONS FOR CUSTOMER CANCELLATION REQUEST

The following information is required to cancel a policy:

1. Cancellation form (Attached). You can fill out the PDF form on your computer and then print and submit with other documents
2. All documents requested under the chosen reason for cancellation

Please submit all the above documents at the same time, if possible.

Fax documents to: 225-769-9112

Or mail documents to: ATTN: CANCELLATIONS
LDS
P.O. Box 83480
Baton Rouge, La. 70884-3480

Or scan/email documents to: ldscancellation@theldsgroup.com

If you need additional assistance, please call 225-769-9923 x 149 or toll free at 800-272-8000.

Please do not call to check the status of your cancellation or to see if we have received it for at least two (2) weeks after submitting it, as this slows down the cancellation process.

Thank you,

LDS Cancellation Department

Customer Cancellation Request

Louisiana Dealer Services
PO Drawer 83480 Baton Rouge, LA 70884
Phone (800) 272-8000

Contract Information

<u>Select</u>	<u>Policy #</u>	<u>Cancel Date</u>	<u>Cancel Mileage</u>
<input type="checkbox"/> MBI	Policy # _____	Cancel Date _____	Cancel Mileage _____
<input type="checkbox"/> GAP	Policy # _____	Cancel Date _____	Cancel Mileage _____

Vehicle Information

Year _____ Make _____ Model _____ VIN# _____

Policy Holder Information

Name _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Email _____

Refund Lienholder? YES NO (If YES, complete this Lienholder section)

Leinholder Information (only if YES Above)

Lender/Lessor Name _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Account Number _____

Cancellation Reason (select one only)

Traded or Sold

- Need original copy of policy (if not available, state reason why _____)
 - Need copy of odometer statement
 - Need proof from lienholder that vehicle is paid off or a copy of clear title (if not supplied, refund check will go to lienholder)

Total Loss

- Need original copy of policy (if not available, state reason why _____)
 - Need document from insurance company showing vehicle was total loss and mileage at time of loss
 - Need proof from insurance company that lienholder has been paid off (if not supplied, refund check will go to lienholder)

Refinanced

- Need original copy of policy (if not available, state reason why _____)
 - Need copy of the promissory note from the refinance

Customer Request

- Need original copy of policy (if not available, state reason why _____)
 - If vehicle is NOT PAID OFF, Lienholder information section (above) must be completed to refund lienholder
 - If vehicle is PAID OFF, we need copy of clear title or payoff letter from lienholder to refund policyholder

Policyholder Authorization

"I hereby authorize and request that the Lender/Lessor named above, any successor or assign thereto, any entity servicing my loan or lease or any insurance company providing insurance on the vehicle described herein furnish to LDS or its representatives such information about me, my account or my vehicle that LDS may request in order to process this cancellation request. A photo static copy of this authorization shall be considered as valid as the original."

Policyholder Signature X _____ Date _____