

# Dealership Cancellation Form

CANCELLING DEALER'S NAME & ADDRESS

CUSTOMER NAME & ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO: LOUISIANA DEALER SERVICES INSURANCE, INC.  
PO DRAWER 83480  
BATON ROUGE, LA 70884-3480

## MECHANICAL POLICY

### REQUEST FOR CANCELLATION/REFUND: LDS MECHANICAL BREAKDOWN INSURANCE POLICY

DEALER ACCT # \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_ OR LAST 6 VIN: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ MODEL YEAR: \_\_\_\_\_

CANCELLATION DATE: \_\_\_\_\_ MILEAGE: \_\_\_\_\_

#### CANCELLATION REASON (select one only)

- Flat Cancel** Reason: \_\_\_\_\_
- Traded or Sold (include the following documents)**
- Need copy of odometer statement, bill of sale, or buyer's order
  - If sold between individuals, we need proof of payoff from lienholder (*must have complete VIN number*)
- Total Loss (include the following documents)**
- Need document from insurance company showing vehicle date of loss, mileage, and VIN number
  - Need proof from lienholder that vehicle has been paid off (*must have complete VIN number*)
- Refinanced (include the following documents)**
- Need copy of the promissory note (finance agreement) from the refinance company
  - Need copy of NEW Mechanical policy if purchased when vehicle refinanced
- Customer Request (include the following documents)**
- If vehicle is PAID OFF, we need copy of clear title or payoff letter from lienholder with VIN # to refund policyholder
  - If vehicle is NOT PAID OFF, we will send refund to lienholder.
- Repossessed (include the following document)**
- Need copy of repo letter with date, mileage, and VIN number
- Refund Amount:** \_\_\_\_\_

#### DISTRIBUTION OF REFUND BY LDS

Credit Statement of Selling Dealer	<input type="checkbox"/>	Check to Policyholder	<input type="checkbox"/>
Check to Lienholder	<input type="checkbox"/>	Check to Other Than Selling Dealer	<input type="checkbox"/>

TODAY'S DATE: \_\_\_\_\_

SIGNATURE OF POLICYHOLDER TO CANCEL: \_\_\_\_\_

**\*\*POLICYHOLDER'S AUTHORIZATION FOR CANCELLATION REFUND TO BE USED AS DOWN PAYMENT**

**\*\*SIGNATURE OF POLICYHOLDER:** \_\_\_\_\_

DEALERSHIP CONTACT EMAIL: \_\_\_\_\_