

Dealership Cancellation Form

CANCELLING DEALER'S NAME & ADDRESS

CUSTOMER NAME & ADDRESS

TO: LOSS DEFICIENCY SURETY INSURANCE CO. INC.
PO DRAWER 83480
BATON ROUGE, LA 70884-3480

GAP POLICY

REQUEST FOR CANCELLATION/REFUND: LDSIC GAP 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, and VIN number
 - Need proof from lienholder that vehicle has been paid off (*must have complete VIN number*)
- Refinanced (include the following document)**
- Need copy of the promissory note (finance agreement) from the refinance company
- 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, and VIN number

Customer Refund: _____

Cancellation check for LDSIC portion will be sent to the original selling dealership

TODAY'S DATE: _____

SIGNATURE OF POLICYHOLDER TO CANCEL: _____

EMAIL CANCELLATION DOCUMENTS TO ldscancellation@theldsgroup.com OR MAIL TO OFFICE

DEALERSHIP CONTACT EMAIL: _____

Log into www.theldsgroup.com to view cancellation information.