

GAP CANCELLATION REQUEST FORM

Cancellation Request Date: _____ GAP Waiver Effective Date: _____

Borrower Name: _____ Contract #: _____

Address: _____

Reason for Cancellation: _____

Policy (Plan) #: _____ (GAP) Producer Code #: _____

Dealership's Name: _____ Phone #: _____

Address: _____

Borrower Signature: _____ Date: _____

“YOU MUST ALSO PROVIDE A COPY OF THIS FORM TO THE ORIGINAL SELLING DEALER”

Please mail this form to:
GapClaims@nationsafeddrivers.com
or
Claims Center
5600 Broken Sound Blvd NW
Boca Raton, FL 33487