## American Heritage Insurance Services

Wholly-owned subsidiary of The Allstate Corporation



GAP Cancellation Request Form
Return document to: Allstate Dealer Services, 1776 American Heritage Life Dr., Jacksonville, FL 32224 Attn: GAP Cancellation Dept. Phone: 800.621.4871 Fax: 866.398.9021

Please complete ALL sections of this form and submit along with a copy of the waiver

SECTION A - DEALER INFO	PRMATION (Please PRINT)		
Account Name		Today's Date (mm/dd/yyyy)	
Address			
City	State	Zip Code	
Phone		Fax	
SECTION B - CUSTOMER IN	NFORMATION (Please PRIN'		
Last Name		First Name	
Customer Contact Number	GAP Waiver Number	VIN Number (Last 6 Digits)	
SECTION C – REASON FOR	CANCELLATION (Please cl	neck one)	
Cancellation requests cannot be	e processed without the followi	ng supporting documentation.	
Repossession - Attach proof o	f repossession from lienholder		
Customer Request - Obtain cu	stomer signature and attach cus	tomer correspondence	
Other, please explain	(Please includ	e any supporting documentation)	
SECTION D – SIGNATURES			
Dealership Personnel Signature		PRINT Name	
Customer Signature		Cancellation Date	-

Working to Always Be Your 1st Choice **Allstate Dealer Services** 800-621-4871

FP7209 Rev.02/10