

Windshield Protection

Coverage Cancellation Form

I wish to cancel my Windshield Protection Package and have my unearned portion of my plan refunded to me. I understand this refund will be calculated per the terms of my Windshield Protection Addendum and that you will credit the principal balance of my loan if my loan is unpaid and will refund directly to me if the loan is paid in full. Copies of my Windshield Protection WAIVER and INSTALLMENT AGREEMENT are attached.

I further understand and accept that this cancellation will totally VOID all protection provided by the Windshield Protection Addendum for the entire term of the loan and I will have no recourse or claim against The Company or the originating dealer in the event of a total loss or unrecovered theft to my vehicle.

Buyer/Lessee Name	Dealer/Lessor Name	Last 6 of VIN
Buyer/Lessee Signature	Dealer/Lessor Signature	Cancellation Date

Reason for Cancellation: Unwind Repo Customer Request Loan Termination Total Loss

The following forms **MUST** be provided, Please check all that are included :

Cancellation Form Windshield Protection Contract Customer Signature, Repo Letter, Payoff Letter, or Odometer

DEALERSHIP CANCELLATION WORK SECTION

MO. DAY YR.

CANCELLATION DATE _____ / _____ / _____ ORIGINAL CHARGE \$ _____

PURCHASE DATE _____ / _____ / _____ REFUND FACTOR _____ %

MONTHS ELAPSED: _____ ORIGINAL TERM: _____ GROSS REFUND \$ _____

MONTHS REMAINING _____ CANCELLATION FEE: \$ _____

NET REFUND \$ _____

COMPANY WORK SECTION – DO NOT USE

CK = _____ Administrator _____

_____ PR# / Scanning Date _____

DO NOT DEDUCT CANCELLATIONS FROM YOUR REMITTANCE.

SUBMIT by mail or fax **CANCELLATION FORM**, copy of **Windshield Protection WAIVER** along with any pertinent backup information to:

CLASSIC
106 STATE STREET EAST
OLDSMAR, FL. 34677
PHONE (813) 855-8300 FAX (813) 749-8531