



FIDELITY  
WARRANTY  
SERVICES, INC.



Jim Moran  
& Associates, Inc.

## DIRECT CANCELLATION FORM

Cancellations may be requested using this form, provided the form is fully completed and the required documentation is attached. Please allow 2-4 weeks for processing.

1. **Complete all information (incomplete forms will be returned)**
2. **Attach original copy of the contract(s), OR Buyers Order/Retail Installment Agreement/ Lease agreement**
3. **Email this form with documentation to [contractcancels@imgroup.com](mailto:contractcancels@imgroup.com) This email address is not monitored for messages. If you have any questions, please contact the Customer Service Department at 1-800-327-5172.**

### Reason for Cancellation (Select One)

☐ Customer Request    ☐ Traded    ☐ Early Payoff    ☐ Total Loss    ☐ Refinanced

Cancel Effective Date\* \_\_\_\_/\_\_\_\_/\_\_\_\_ Mileage at Cancel Date \_\_\_\_\_ (MUST attach proof)\*\*

\*The Cancel Effective Date may be the requested date or the day after the last authorized and paid claim, whichever is later.

\*\* Customers have the option to present proof of the vehicle's mileage in either of two ways: (1) submitting a repair order or maintenance receipt dated within 90 days of the cancellation request, showing the odometer reading within a 3,000-mile difference, or (2) providing an affidavit/notarized statement of the odometer reading.

Last 8 of VIN \_\_\_\_\_ Contract Holder Name: \_\_\_\_\_

Contract Holder Address: \_\_\_\_\_

Contract Holder Email: \_\_\_\_\_ Phone # \_\_\_\_\_

Product	CONTRACT NUMBER	CONTRACT NUMBER
<input type="checkbox"/> Service _____		<input type="checkbox"/> Car Care _____
<input type="checkbox"/> ETCH _____		<input type="checkbox"/> Road Hazard _____
<input type="checkbox"/> GAP/TLP _____		<input type="checkbox"/> Other _____

**\*\*GAP is refunded by Dealer/Lender\*\***

☐ Please check box if you **DO NOT** have original copy of contracts(s) or Buyer Order

### Payee Information (Select only **ONE**)

☐ Lienholder Name \_\_\_\_\_

Lienholder Address \_\_\_\_\_

☐ Contract Holder (**MUST** Provide one of the following: **Paid in full letter from lender, Buyer's Order showing a Trade, or Clear Title**)

I hereby request cancellation of the contract(s) selected above in accordance with the cancellation terms and conditions of my contract(s). I understand that I relinquish all rights, including transferability, future service repair reimbursement or any other benefits under such contract(s).

Contract Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_