



FIDELITY  
WARRANTY  
SERVICES, INC.



Jim Moran  
& Associates, Inc.

## Cancellation Request Form – Wyoming Only

In the event you wish to cancel a product that you purchased, please complete this form and required documentation. You may return the form at:

- Email: Contractcancels@jmagroup.com
- Fax: 866-646-5007
- Address: 350 Jim Moran Blvd., Deerfield Beach, FL 33442

### CONTRACT HOLDER INFORMATION:

Contract Holder Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Vehicle Identification Number (VIN): \_\_\_\_\_ Vehicle Year, Make & Model: \_\_\_\_\_  
 Date of Vehicle Purchase: \_\_\_\_\_ Date of Contract Purchase: \_\_\_\_\_

**CANCELLATION DATE:** If the cancellation effective date requested is 60 days or more prior to today's date please include an Odometer Statement, proof of total loss or a repossession letter, etc.

### 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.

### Product

- Service       Car Care       ETCH       Road Hazard       GAP/TLP       Other

Trade/Sale Date: \_\_\_\_\_

Total Loss Date: \_\_\_\_\_ Repossession Date: \_\_\_\_\_

**VEHICLE FINANCE INFORMATION:** Was the vehicle you purchased/leased financed?  Yes  No

If YES, please provide the name and address of the Lender: \_\_\_\_\_

### DEALER INFORMATION

Dealer: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Dealer Representative: \_\_\_\_\_

### PLEASE ISSUE THE REFUND CHECK TO: (initial your selection):

\_\_\_\_\_  
 (initials) Me, the contract holder. This loan is satisfied, and proof of payoff is attached (e.g., copy of original title and payoff letter from the lender).

\_\_\_\_\_  
 (initials) The Lender. This vehicle loan is NOT satisfied; issue the refund directly to the lender identified on the contract. I understand that any proceeds which exceed the amount of the outstanding loan balance will be refunded by the lender to me, the contract holder.

\_\_\_\_\_  
 (initials) Me directly - the vehicle was not financed. Attached is a copy of the buyer's order.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_