



Good Sam
EXTENDED SERVICE PLAN
VSC

CANCELLATION REQUEST FORM

CUSTOMER NAME			DEALER NAME					
CUSTOMER STREET ADDRESS			DEALER STREET ADDRESS					
CUSTOMER CITY	STATE	ZIP	DEALER CITY	STATE	ZIP CODE			
CONTRACT NUMBER	DATE OF REQUEST		DEALER PHONE NUMBER					
REASON FOR CANCELLATION*			CONTRACT EFFECTIVE DATE		CONTRACT CANCEL DATE			
			(MO)	(DAY)	(YEAR)	(MO)	(DAY)	(YEAR)
			CONTRACT COST \$ _____					
			ACCOUNT REFUND \$ _____					
			CUSTOMER REFUND \$ _____					
CANCELLATION REQUESTED BY			QUOTE GIVEN BY _____					
CUSTOMER SIGNATURE (REQUIRED)**			PLEASE CALL 1.866.769.8097, OPTION #4 TO OBTAIN AFOREMENTIONED INFORMATION					
DEALER REPRESENTATIVE SIGNATURE (REQUIRED)								
VEHICLE INFORMATION								
YEAR	MAKE	MODEL	LAST 8 OF VIN#	MILEAGE AT ISSUE	MILEAGE AT CANCEL			

***IF CANCELLATION IS DUE TO REPOSSESSION, SUPPORTING DOCUMENTATION FROM THE LENDER MUST BE PROVIDED.**

****IF CUSTOMER SIGNATURE IS NOT OBTAINABLE, A LETTER FROM THE CUSTOMER OR LENDER MUST BE PROVIDED.**

**PLEASE MAIL TO:
UNITED SERVICE PROTECTION
P.O. BOX 21647
ST. PETERSBURG, FLORIDA 33742
OR FAX TO: 727.561.9540
OR EMAIL TO: VSC.BP.CANCELS@ASSURANT.COM
OR RETURN WITH YOUR MONTHLY REMITTANCE**

**FOR QUOTE, QUESTIONS OR CONCERNS, PLEASE CALL
1.866.769.8097, Option #4**