



CANCELLATION REQUEST FORM

This form will be used for the purpose of evaluating a cancellation request only and does not constitute an agreement of cancellation. In order to complete your cancellation request, please print, sign and turn in a copy to your Seller to obtain any refund that might be due.

Contract Number:		Contract Effective Date:	
Location of Covered Home:		Cancellation Date:	
Customer Name:		Seller Name:	
E-Mail Address:			

Reason for Cancellation (Please Check One):	
<input type="checkbox"/> Customer Request	<input type="checkbox"/> Back-out/Unwind
<input type="checkbox"/> Loss (Attach Loss Documents)	<input type="checkbox"/> Re-Contracted
<input type="checkbox"/> Foreclosure (Attach Notice)	<input type="checkbox"/> Other: _____

Please review STATE REQUIREMENTS & DISCLOSURES for Your state specific cancellation language. You are entitled to a full refund if You contact and provide written notice of the cancellation with the first thirty (30) days after the Purchase Date, and if you have not filed a claim against the Contract. If the cancellation request is thirty-one (31) days or more after the Purchase Date, you shall receive a pro-rata refund (less twenty-five (\$25) processing fee owed to Administrator) unless specified otherwise by State law or required otherwise by Administrator. If the refund calculation results in you owing Us payment for services provided, We may bill You for the lesser of the net amount due to Us or the unpaid annual term contract fee.

Customer Signature: _____ Date: _____

**Please attach a copy of the Registration Page and supporting documents to this request.
Cancellations will not be processed without proper documentation.**