

Dealership Cancellation Form

CANCELLING DEALER'S NAME & ADDRESS

CUSTOMER NAME & ADDRESS

TO: LOUISIANA DEALER SERVICES INSURANCE, INC.
PO DRAWER 83480
BATON ROUGE, LA 70884-3480

MECHANICAL POLICY

REQUEST FOR CANCELLATION/REFUND: LDS MECHANICAL BREAKDOWN INSURANCE POLICY

DEALER ACCT # _____ POLICY NUMBER: _____ OR LAST 6 VIN: _____
MAKE: _____ MODEL: _____ MODEL YEAR: _____
CANCELLATION DATE: _____ MILEAGE: _____

CANCELLATION REASON (select one only)

- Flat Cancel** Reason: _____
- Traded or Sold (include the following documents)**
- Need copy of odometer statement, bill of sale, or buyer's order
 - If sold between individuals, we need proof of payoff from lienholder (*must have complete VIN number*)
- Total Loss (include the following documents)**
- Need document from insurance company showing vehicle date of loss, mileage, and VIN number
 - Need proof from lienholder that vehicle has been paid off (*must have complete VIN number*)
- Refinanced (include the following documents)**
- Need copy of the promissory note (finance agreement) from the refinance company
 - Need copy of NEW Mechanical policy if purchased when vehicle refinanced
- Customer Request (include the following documents)**
- If vehicle is PAID OFF, we need copy of clear title or payoff letter from lienholder with VIN # to refund policyholder
 - If vehicle is NOT PAID OFF, we will send refund to lienholder.
- Repossessed (include the following document)**
- Need copy of repo letter with date, mileage, and VIN number
- Refund Amount: _____

DISTRIBUTION OF REFUND BY LDS

Credit Statement of Selling Dealer	<input type="checkbox"/>	Check to Policyholder	<input type="checkbox"/>
Check to Lienholder	<input type="checkbox"/>	Check to Other Than Selling Dealer	<input type="checkbox"/>

TODAY'S DATE: _____

SIGNATURE OF POLICYHOLDER TO CANCEL: _____

****POLICYHOLDER'S AUTHORIZATION FOR CANCELLATION REFUND TO BE USED AS DOWN PAYMENT**

****SIGNATURE OF POLICYHOLDER:** _____

EMAIL CANCELLATION DOCUMENTS TO ldscancellation@theldsgroup.com OR MAIL TO OFFICE

DEALERSHIP CONTACT EMAIL: _____