

# REQUEST FOR CANCELLATION OF CREDIT PROTECTION

Loan Armour Insurance Solutions Inc.  
495 Richmond Street, Suite 300, London, ON N6A 5A9  
PH: (800) 862-7184 FX: (888) 341-4888

## A. INSURED DEBTOR / CO-DEBTOR INFORMATION. Please complete in full.

Insured Debtor Name \_\_\_\_\_ Contact Phone No (\_\_\_\_) \_\_\_\_\_

Insured Co Debtor Name \_\_\_\_\_ Contact Phone No (\_\_\_\_) \_\_\_\_\_

Certificate Number \_\_\_\_\_

Coverage to be Cancelled ☐ Life ☐ Total Disability ☐ Accidental Disability Advantage\* ☐ Accidental Disability\* ☐ Critical Illness  
\*(Only Accidental Disability applies to CFF-032018)

Reason for Cancellation \_\_\_\_\_

## B. REFUND (if applicable). Please choose one of the following options and provide the subsequent information required for processing.

### ☐ **Refund to CREDITOR**

The following information **is required** to process refund to creditor:

• Creditor Name and Address \_\_\_\_\_

• Loan Number (to be obtained from creditor) \_\_\_\_\_

### ☐ **Refund to INSURED DEBTOR / CO-DEBTOR** \*Note: Only available if the loan is paid out.

The following information **is required** to process refund to customer:

• Proof of Loan Payout (attach document - to be obtained from creditor) \*Note: This document must show the date the loan was paid out.

• Current Mailing Address \_\_\_\_\_

### ☐ **Refund to DEALERSHIP** \*Note: Available where Dealership has paid out loan in a trade situation.

The following information **is required** to process refund to dealership:

• Proof of Loan Payout (attach document - to be obtained from creditor) \*Note: This document must show the date the loan was paid out.

• Dealership Name and Address \_\_\_\_\_

## C. INSURED DEBTOR / CO-DEBTOR AUTHORIZED SIGNATURE. Please read and sign below.

I/We understand that, by submitting this request of cancellation, I/We forfeit the rights to the coverage provided by the above mentioned policy. In the event of death, disability, critical illness or loss of employment, I/We am/are wholly liable for the repayment of this indebtedness. I/We also understand that this request, and any applicable refund, will be processed 2-4 weeks from the date that all required documentation is received by Loan Armour Insurance Solutions Inc.

\_\_\_\_\_  
Insured Debtor Signature

\_\_\_\_\_  
Insured Co-Debtor Signature

\_\_\_\_\_  
Date

## D. SEND THIS CANCELLATION FORM (with Proof of Payout where applicable) AND A COPY OF THE CERTIFICATE OF INSURANCE BY MAIL OR FAX (see top of page).

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount \$\_\_\_\_\_

### Cancellation Quote

All cancellation quotes are subject to change if the cancellation date is different than indicated. Any claims paid will be deducted from the refund amount.