Guaranteed Asset Protection (GAP) Program
Certificate of Insurance Cancellation Request and Release

Consumer	Dealer Account Number
Address	Address
City State Zip	City State Zip
GAP Certificate Number	Phone Contact

Today's Date	Lienholder
Requested Cancellation Date	Address
❑ **Consumer Request** ❑ **Flat Cancellation - First Thirty (30) Days Only** ❑ **Repossession - Attach Written Proof of Repossession**	City State Zip Phone Contact

I am requesting cancellation of the above described **Old Republic Guaranteed Asset Protection (GAP) Certificate**. The requested cancellation date and the reason for the cancellation are shown above.

1. I understand and fully agree that any refund due under this cancellation request will be sent directly to the Lienholder listed on the **GAP Certificate**.
2. I understand and agree that such refund payment to Lienholder will be deducted from the Financial Agreement principal balance and that any such deduction may not reduce my monthly payment.
3. I understand and agree that the refund will be processed using the method described in your **GAP Certificate**.
4. I understand and agree that in the event of a loss to my vehicle after this coverage has been cancelled, I remain solely responsible and liable for payment of the difference between the actual payoff due the Lienholder under the terms and conditions of the Financial Agreement and the payment made by my physical damage insurance carrier as well as the payment of the deductible, if any.
5. I understand and agree this **GAP Certificate** will not be reinstated after cancellation is processed.

REQUEST FOR CANCELLATION OF COVERAGE

I have read and fully understand each of the statements made above. I understand that coverage under the Old Republic **GAP Certificate** as shown above terminates once I sign this form. I hereby release Old Republic Insurance Company from any and all claims.

I WANT TO TERMINATE COVERAGE AS PROVIDED UNDER THE CERTIFICATE DESCRIBED ABOVE.

X _____

NOTE: If this is a request for other than cancellation due to repossession, this form must be signed by the consumer. All requests for cancellation due to repossession must be accompanied by proof of repossession from the Lienholder. Cancellation/repossession requests must be received within thirty (30) days of cancellation/repossession date request. After thirty (30) days, cancellation date is the date the request is received in this office. Requested cancellation date cannot be any earlier than the date this form is completed and signed by the consumer.

PLEASE INCLUDE A COPY OF THE GAP CERTIFICATE OF INSURANCE.

The consumer or the dealership may direct this request to:

Old Republic Insurance Company
Tulsa Branch
cancelreq@orias.com
Fax (918) 250-4877
P.O. Box 35008
Tulsa, OK 74153-0008
800-331-3780