

DEALERS RESOURCES INC.

660 Griswold, Suite 100
Northville, Michigan 48167
248/344-4800
Fax 248/344-9751

→
"A Personal Commitment"

CANCELLATION TICKET

Dealership _____
Account Number _____
Certificate Number _____
Date Cancelled _____
Insured(s) _____
Current Address _____
City, State, Zip _____
Reason Cancelled _____

Make Refund Check Payable To:

Mail To:

- Customer
- Customer AND Bank
- Bank or Finance Source*
- Dealer

- Customer
- Bank
- Dealership

*Finance Company _____
Address _____
City, State, Zip _____

OR—

Original Premium	%	Return Premium
Life _____	_____	_____
A & H _____	_____	_____
TOTAL: _____	_____	_____
Certificate Date _____		
Months in Force _____	Months Unearned _____	

CANCELLATION RELEASE

In consideration of the return premium indicated, the Company is hereby authorized to cancel the above numbered Certificate and is released and discharged from any and all claims occurring on or after this date.

Signature of Insured(s)

Date

Joint Ins. Signature

Date