



Integrated Warranty Systems

Cancellation Request Form

Please note the following:

1. This coverage may be cancelled by the Applicant. A written request for cancellation must be submitted through the Dealership from where this coverage was purchased.
2. If this coverage is cancelled, a refund of the wholesale premium will be calculated on a pro-rata basis, less any claims paid. An administration fee of seventy-five (\$75) dollars will be deducted and a credit will be issued to the Dealership that sold this Contract or the Creditor.
3. Please complete all information and include any supporting documents including proof of payoff, voided sale, total loss, etc. All incomplete requests, missing information or support documentation will delay refund.
4. All cancellation requests will be processed in order by date received.

Cancellation Request	
Contract Holder	Selling Dealer
Contract Number:	Name:
Name:	Phone Number:
Address:	
City:	Date of Purchase:
Province:	Date of Cancellation:
Phone Number:	
Reason for Cancellation:	
I hereby request that the contract identified herein be cancelled. I understand that, by submitting this request for cancellation, I forfeit the rights to the coverage provided by the contract. In the event of a failure of the equipment covered under the contract, I am wholly liable for the cost of the repairs.	
Contract Holder's Signature:	

PLEASE ALLOW 4 WEEKS FOR PROCESSING Please
mail or email this form to:

Integrated Warranty Systems
140 Fullarton Street, Suite 1100, London, ON N6A 5P2

Phone: 1-800-862-7184
Email: warranty@iwsinc.ca