Dealer Request for Action

AAA Cancellations and Contract Changes

INSTRUCTIONS TO DEALER:

Please complete the required fields for your request. Attach a copy of the Contract and any necessary documentation. When this form is completed, please mail or fax to the appropriate address or number.

CUSTOMER NAME (Must be filled in): _____

VEHICLE IDENTIFICATION NUMBER [VIN] (Must be filled in): | | | | | | | | | | | | | | | | | |

☐ **CANCELLATION REQUEST** *(The following **MUST** be completed in order to process cancellation)*

1. Attach copy of customer's contract
2. Cancel Contract Number _____
3. Requested Cancel Effective Date _____
4. Odometer statement. If unavailable, odometer reading at time of cancellation _____
5. Check reason for cancellation below **(Documentation Required)**:

☐ Totaled	☐ Repossessed	☐ Customer Request
(Copy of insurance draft or police report)	(Repo certificate or affidavit)	(Copy of written customer request, *Signature required*)

_____

Customer Signature Date

6. ☐ Check if a 10-Month Payment Plan is in effect

Send Cancellations to:

Protective Insurance/Western General Business Unit
Attn: Product Accounting
P.O. Box 820
Deerfield, IL 60015

Fax: (205) 268-8655
Attn: Product Accounting

☐ **CORRECT THE CONTRACT NAME/ADDRESS AS FOLLOWS:**

Name should be: _____

Address should be: _____

☐ **CORRECT THE FOLLOWING REGISTRATION PROBLEMS:**

☐ Change Vehicle Identification Number (Dated Bill of Sale/ Retail Installment Contract must be submitted with request)

From: | | | | | | | | | | | | | | | | | |

To: | | | | | | | | | | | | | | | | | |

☐ Change expiration date on Application for Contract from: _____ to: _____
(To be used only when vehicle's warranty start date has been changed.)

☐ Change starting mileage (Odometer statement verifying mileage at time of sale must be submitted with request.)
From: _____ To: _____ (No tenths)

Send Corrections to:

Protective Insurance/Western General Business Unit
Attn: Processing
P.O. Box 820
Deerfield, IL 60015

Fax: (636) 536-5749
Attn: Processing

THE FOLLOWING INFORMATION MUST BE COMPLETED FOR YOUR REQUEST TO BE PROCESSED:

Requested By: _____
Name of Dealership

_____
Dealer Code

_____
Date

_____
Dealer's Signature