

# REQUEST FOR CANCELLATION OF CREDIT PROTECTION

Loan Armour Insurance Solutions Inc.  
1100-140 Fullarton Street, London, ON N6A 5P2  
PH: (833) 904-0055  
Cancellations@armourgrp.ca

## STEP 1: INSURED DEBTOR / CO-DEBTOR INFORMATION

Please complete in full.

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

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

Certificate Number \_\_\_\_\_ VIN # \_\_\_\_\_

Coverage to be Cancelled  Life  Total Disability  Accidental Disability Advantage  
 Critical Illness  Accidental Disability\*  Simplify 4-in-1

\*(Only Accidental Disability applies to CFF-032018)

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

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

## STEP 2: REFUND

Please choose one of the following options and provide the required information listed

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

\*Note: Only available if the loan is paid out.

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

\*Note: Available where Dealership has paid out loan in a trade situation.

• **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** \_\_\_\_\_  
\_\_\_\_\_

## STEP 3: SUBMIT TO LOAN ARMOUR INSURANCE SOLUTIONS INC.

Please scan & email this cancellation form including any supporting documents and a copy of the certificate of insurance to: **Cancellations@armourgrp.ca**

If email is unavailable send by mail to: *Loan Armour Insurance Solutions Inc.,  
1100-140 Fullarton Street, London, ON N6A 5P2*