CANCELLATION REQUEST FORM

(ONE POLICY PER CANCELLATION REQUEST)
Email: cancels@yourhomeprotection.com

ADMINISTRATOR
13801 Riverport Dr. Ste. 100
Maryland Heights, MO 63043

Agreement Purchaser Information		
Buyer Name:		
Mailing Address:		
City:	State:	Zip Code:
Email:	Telephone:	
Reason for Cancellation: ☐ Repo ☐ Total Loss ☐ Trade In ☐ Does not need or want ☐ other		
Contract Number:	Purchase Date:	Cancel Date:
Vehicle Year:	VIN Number:	Mileage at Cancellation:

Dealer Information		
Dealer Name:	Dealer Number:	
Dealer Mailing Address:		
City:	State:	Zip Code:
Email:	Telephone:	
I have reviewed the information for the Service Agreement stated above and agree the information is accurate. A copy of the signed Service Agreement is attached with this cancellation request. **Must be signed by the Seller Dealer**		
Dealer Signature:	Date:	

Lienholder Information		
Lienholder Name:		
Lienholder Street Address:		
City:	State:	Zip Code:
Lienholder Phone:		

Agreement Holder's Request for Cancellation
I hereby request cancellation of the Service Agreement described above. In consideration of this cancellation, I do hereby release and forever discharge the Service Agreement Administrator HeroProtects, LLC from any and all liability with respect to this Service Agreement. I further agree to hold the Administrator harmless from any and all claims, demands, actions and payments on account of this Service Agreement. I have read and understand the Cancellation provisions in the Service Agreement. **Must be signed by Agreement Holder, unless Repossession or Total Loss are checked above.**

Buyer's Signature _____ Date _____

Please return completed and signed form to HeroProtects, LLC via email or mailed