



# CANCELLATION REQUEST FORM

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

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

Policy Holder Information		
Policy Holder Name:		
Street Address:		
City:	State:	Zip Code:
Email:	Phone:	
Reason for Cancellation: <input type="checkbox"/> Selling Home <input type="checkbox"/> Does not need or want <input type="checkbox"/> Affordability		
<input type="checkbox"/> other		
Policy Number:		
Policy Effective Date:	Policy Cancel Date:	
Agreement Holder's Request for Cancellation		
I hereby request cancellation of the Home Service Agreement described above. In consideration of this cancellation, I do hereby release and forever discharge the Home Service Agreement Administrator HeroProtects from any and all liability with respect to this Home 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.		

\_\_\_\_\_  
Policy Holder's Signature

\_\_\_\_\_  
Date

Please return completed and signed form to HeroProtects via email