

## **Road Hazard Agreement Contract Cancellation Request**

Please note: If you have experienced a total loss, your lienholder may request for your Ancillary Products to be cancelled on your behalf. Please contact your lienholder to confirm before submitting a cancellation request.

CUSTOMER INFORMATION		
Customer Name:		Co-Customer Name:
Customer address:		
5	Street Address	City, State, Zip
VEHICLE/CONTRACT INFORMAT	ΓΙΟΝ	
Contract №:		VIN:
Cancellation Date:		Cancellation Mileage:
Cancellation Reason:		
the Road Hazard Agreement C and any cancellation refund do completed request form. I/We	ontract will no longue will be processed understand that a equest. I/We unde	te at the time of cancellation. I/We fully understand ger provide any benefits from this date forward ed within 30 days of SilverRock's receipt of this copy of the Road Hazard Agreement will need to rstand that a cancel fee may apply and I/we
Customer Signature		Date
Co-Customer Signature		Date
Please submit completed, signe	d form to SilverRock	by email or mail:
By Email: cancellations@silverrockinc.com	By Mail:	
	SilverRock Autom P.O. Box 29087	iotive, inc.
	Phoenix, AZ 8503	8-9087