



GOLD COVERAGE VEHICLE DELETION FORM

Dealer Name: _____

Today's Date: _____

Customer (Lessee) Name: _____

Vehicle Description: _____

VIN (Last 6): _____

REASON FOR REMOVAL

- Voluntarily Returned
- Recovered
- Wrecked
- Stolen
- Paid Off
- Exchanged for: _____
VIN: (last 6) _____
- Added to Comp/Collision Program (Coverage Plus)
- Other _____

FAX TO: 952-894-8990

**Please note: Silver Coverage Must Be Removed from Silver Coverage Portal

850 East Cliff Road • Burnsville, MN 55337 800-879-3433 www.NorthlandAutoSolutions.com