

Request for cancellation of insurance policy

Your full name

Street address

City

State

ZIP code

Phone number

I have obtained a policy with another company and am sending you this written notice to request cancellation of my current insurance policy. My information is listed below.

Policy type:

Auto

Home / renters

Policy number

Cancellation date (MM/DD/YY)

Time (HH:MM)

My new insurance company's name

My new policy number

Date this policy is effective (MM/DD/YY)

Time (HH:MM)

Please confirm this cancellation and send the unused portion of my premium to the address above.

Your signature

Your printed or typed name

Date of signature (MM/DD/YY)