Driver's Choice
INSURANCE SERVICES

Insured Request for Cancellation of Policy

I, _____, the named insured under policy number _____, hereby request cancellation of such policy effective _____.

The reason for this request is _____.

If this policy has been in effect less than 90 days, I have provided the following:

_____ Proof of other insurance on the insured vehicle(s); or

_____ Bill of sale on the insured vehicle(s) and I certify that I have not purchased a substitute vehicle; or

_____ Proof that I have surrendered the registration on all insured vehicle(s).

If there is a lienholder on any insured vehicle, I understand that this policy will not be cancelled for 15 days unless I have provided a release from such lienholder or proof of insurance on the insured vehicle by the purchaser.

I understand that any return premium due me will be refunded within 30 days from the date of this request.

_____
Named Insured Date

Accepted: _____
Agent Date