



Policyholder Request to Cancel Policy

POLICY NUMBER: _____
POLICYHOLDER'S NAME: _____
TELEPHONE NUMBER: _____
REASON FOR CANCEL: _____
REQUESTED DATE OF CANCEL*: _____

I (policyholder) hereby request that my policy, issued by the underwriting company associated with the policy number shown above (the "Company"), be canceled. I understand by canceling my policy I am responsible for any premium or cancellation fee (if applicable in my state) due at the time the policy is canceled. Furthermore, if my policy is currently paid by Electronic Funds Transfer, I understand that once the cancellation is processed, my enrollment in EFT will terminate. I also understand that any payment scheduled to draft before the cancellation is processed will be debited and any overpayment above the total amount due after cancellation will be refunded.

*** I understand that my request to cancel my policy will be subject to state law requirements, as well as Company underwriting guidelines.**

*** Special Note Regarding Back-Dated Cancel Requests: The Company allows back-dated requests to cancel a policy in limited situations, which are subject to Company underwriting guidelines and to state law. I understand that any such request to back-date a cancel request must be accompanied by appropriate proof and I need to contact the Company or my producer regarding proof or underwriting restrictions regarding such a request to cancel.**

Policyholder's Signature

Date

Additional Named Insured (If Applicable)

Date

To insure timely processing, legibly indicate your name and policy number and date of requested cancel in the section above and immediately fax to 1-888-888-0070.

For any questions regarding this form, please contact Customer Service at 1-888-888-0080.