

AUTO INSURANCE CANCELLATION REQUEST FORM

Attention:

_____ Insurance Company,

I have obtained a new auto insurance from another insurance company effective _____. Therefore, please cancel my auto policy as of _____.

Insured Name : _____

Policy Number: _____

Please issue me refund, if any, as soon as possible.

If you have any question, you may contact me at

_____.

****Enclosed please find a copy of my new insurance ID card as the proof .**

Name: _____

Signature: _____

Date: _____