



# CANCELLATION REQUEST

<b>Policy Number</b>	
<b>Named Insured</b>	
<b>Effective Date of Cancellation</b>	

### REASON FOR CANCELLATION

PURCHASED INSURANCE ELSEWHERE

Company Name : \_\_\_\_\_

Effective Date : \_\_\_\_\_

New Premium: \$ \_\_\_\_\_  Annual  Semi-Annual  Quarterly  Monthly

*\* Must attach new Policy Declaration Page or Formal Binder with copy of quotation*

MOVED OUT OF STATE

State : \_\_\_\_\_

Out of State Address : \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

NOT SATISFIED WITH AEIFS, INC CUSTOMER SERVICE (please state reason) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOT SATISFIED WITH CURRENT INSURANCE COMPANY (please State reason) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHERS, Please Specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUESTED BY:**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date Requested