



NORTHWEST

*P.O. Box 1180
Santa Rosa, CA 95402
Toll Free (888) 693-7892
Fax (866) 577-7595*

REQUEST TO CANCEL POLICY

INSURED'S NAME _____ POLICY # _____

AGENT: _____ CONTACT: _____

PHONE: _____ FAX _____ EMAIL _____

TODAY'S DATE _____

CANCEL POLICY

Effective date of Cancellation: _____

Please check a box in each section below and fax to our office.

Return Check (to whom the refund should be sent): (American Modern Policies Only)

- I = Insured
- A = Agency
- C = Company
- L = Leinholder
- N = None (no check)

Cancellation Requested By:

(American Modern Policies Only)

- I = Insured
- A = Agency
- C = Company
- L = Leinholder
- P = Premium Finance Company

Reason to Cancel:

- B = Better Price / better coverage found elsewhere
- W = Re-Write
- D = Duplicate Coverage
- E = Insured Died
- F = Total Fire Loss
- G = Going uninsured
- M = Missing information
- O = Other Reason
- P = Paid Off Loan
- R = Repossession
- S = Sold Property
- T = Tape Agent
- U = Underwriting Reasons / Total Loss
- V = Service Dissatisfaction
- X = Unknown or Miscellaneous

**Insured's
Signature:** _____