



# Policy Cancellation

(Please print clearly)

---

Last name First name Middle initial

---

Street City State ZIP code

---

Phone number Today's date

---

Policy number Date you want policy to cancel

**Reason for canceling policy.** Select one of the following:

- Consolidating coverage with my auto or home carrier
- Have coverage under another policy
- Going uninsured
- Found better price or coverage (please explain below)
- Unhappy with service (please explain below)
- No longer own the insured item
- Item has been repossessed
- The insured is deceased
- Other reason (please explain below)

---

(Explain)

Did you contact an American Modern representative prior to making this decision?

- Yes  Attempted, but unable to make contact
- No  No, but I would like to speak to a representative
- No, but spoke with my agent

**We need to verify your identification.** Please provide one of the following items:

- A copy of your most recent bill
- A copy of your last coupon or policy declaration page
- A cancellation request signed by your agent expressing your intent to cancel
- A copy of your driver's license

---

Signature Date

Please return by mail or fax:

American Modern Insurance Group  
PO Box 5323  
Cincinnati, OH 45201-5323

fax: 800-217-5150