



Policy Cancellation Request

All fields required

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Last Name	First Name	Middle Initial	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	City	State	Zip Code
<input type="text"/>	<input type="text"/>		
Policy Number	Cancellation Effective Date		

Reason For Cancelling Policy (Please select one of the following)

- Consolidating coverage with my auto or home carrier
- Obtained coverage under another policy
- Item no longer requires insurance
- Found a more competitive price (please explain below)
- Dissatisfied with service (please explain below)
- No longer own the insured item
- Item has been repossessed
- Insured is deceased
- Other reason (please explain below)

(Explanation)

Signature & Date Required:

Named Insured's Signature

Date(MM/DD/YYYY)

Please return by email, mail or fax:

Email: servicecenter@amig.com

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

Fax: 800-217-5150

Please be advised that further documentation may be required to process the cancellation request. In the event the requested date extends to or beyond 30 days prior to the submission date, documentation will be required such as proof of sale, proof of other coverage, etc