



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 email, mail or fax:

NCM Insurance
350 Corvette Drive Bowling Green,
KY 42101

fax: 270 777 4520

email: info@ncminsurance.com