**Acknowledgement of Policy/Coverage Cancellation**

**And Disengagement Letter**

January 1, 20XX

Customer

123 Main Street

Anywhere, US

SUBJECT: Insurance Program

Dear Customer:

You have advised us that you wish to cancel your insurance policy/coverage, through \_ (insurance company name) \_\_\_, policy number (policy number) \_\_\_.

The potential financial impact of cancelling your insurance policy/coverage has been explained to you. You are aware that by cancelling this insurance policy/coverage protection in the event of a claim or legal judgement made against you or your business, could subject you to significant personal liability and/or personal expense. You have been advised against cancelling your insurance coverage/policy by us and are doing so against our advice. We have discussed this with you, including but not limited to:

* Your policy providing (coverage type) written by (carrier) will be cancelled at your request effective \_\_\_\_\_\_\_\_\_\_;
* (Name of the Agency) strongly recommends NO policy be cancelled midterm and doing so is against our advice;
* By cancelling the policy, you may be subject to coverage denials for future liability claims depending on the facts of the policy type and the injury or damage;
* Upon cancellation, you may be in violation of a contract, lease or other agreement. It is not the agent’s responsibility to confirm or affirm the insured is in compliance with any signed documents or legal requirements;
* Cancellation of this policy will result in a gap in coverage periods that must be disclosed on all future insurance coverage applications. Such gap may negatively affect your ability to secure needed coverage at a later date; and
* Cancelling this policy may cause you to lose any favorable rating or underwriting accommodations or consideration. There is no guarantee you will or can receive such accommodations when coverage is rewritten.
* Cancelling this policy mid-term may not yield premium return due to minimum earned premiums on the policy.

Please be advised that our agency will no longer act as your insurance agent or provide any professional services relating to your insurance needs. Our agency will cease being the agent of record on all of the above policies and all other policies placed on behalf of you or your company and any other policies placed by this agency as of the expiration date of the policies and will take no further action on your behalf. You should immediately seek the services of another insurance agent/broker.

Therefore, it will be your responsibility to ensure that you have insurance coverage in place following the expiration of the above policies. You should immediately contact another agency to handle any further insurance matters on your behalf. Should you wish to have another agency take over the existing policies prior to the expiration date, you must send a signed "Agent/Broker of Record Change" letter to the appropriate carrier notifying them of the contact information for that agency and provide a copy to our office.

The (Agency name) will no longer represent (Customer Name(s)) in your insurance matters going forward.

Please sign the enclosed acknowledgment form and return it to our office. The policy cannot be cancelled until we receive your written confirmation and acknowledgement.

Sincerely,

Andy Agent

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