**ACKNOWLEDGMENT OF REQUEST TO**

**INSURANCE CANCEL COVERAGE**

I understand and acknowledge that I have requested my agent/broker, (insert agent name here) , to cancel \_\_\_(place coverage type here)\_\_\_ insurance policy/coverage, through \_\_\_(place insurance company name here)\_\_\_ , policy number (policy number) \_\_\_.

The potential financial impact of cancelling my insurance policy has been explained to me. I am aware that by cancelling this insurance coverage protection in the event of a claim or legal judgement made against me or my business, could subject me to personal liability and/or personal expense. I have been advised against cancelling my insurance coverage/policy by my agent/broker and are doing so against their advice.

It is my responsibility to request quotations for insurance coverage on all my potential insurance coverages with my agent/broker.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(NOTE: This is only a suggested form of coverage rejection and should be adapted to your agency and reviewed by your attorney prior to use.)*

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