



CANCELLATION REQUEST

Insured Name	<input type="text"/>	Date of Cancellation:	<input type="text"/>
Quantum Policy #	<input type="text"/>		

The undersigned agrees that:

The above referenced policy is lost, destroyed or being retained. No claims of any type will be made against the Insurance Company, its agents or representatives, under this policy for losses which occur after the date of cancellation shown above. Any premium adjustment will be made in accordance with the terms and conditions of the policy. Cancellations will be processed the date received unless proof of duplicate/replacement coverage or a bill of sale is provided. Request must be submitted the date signed in order to honor that date.

Please check cancellation reason and provide required documentation as listed. Additional documentation may be required at company discretion.

Application Upload in Error

Duplicate Coverage

- Copy of other carriers Dec Page
- Signature of Insured required

Non Sufficient Funds on Down Payment

- Copy of the Check Front and Back
- Signed Request to Cancel by Agent

Insured Never Took Possession

- Letter from the Dealership or Denial of Financing
- Signed Request to Cancel by Agent

Insured Request

- Signature of insured required

Refund to: **Agent** **Insured**

Insured Signature	<input type="text"/>		
Date Signed	<input type="text"/>	Time Signed	<input type="text"/>

Agent Signature	<input type="text"/>		
Date Signed	<input type="text"/>	Time Signed	<input type="text"/>