



# Policy Cancellation

(Please print clearly)

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Last name First name Middle initial

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Street City State ZIP code

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Phone number Today's date

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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)

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(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

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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](mailto:info@ncminsurance.com)