



Aspire General Insurance Services, LLC - CA DOI Lic#: 0110876
UNDERWRITTEN BY ASPIRE GENERAL INSURANCE COMPANY

Policy Cancellation Request

Policy Information:

Policy Number: _____

Insured Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Coverage shall cease and the policy period shall end on the latest date issued below:

- 12:01 a.m. of the future day date specified by the named insured in the written request for cancellation;
- 12:01 a.m. of the day following the postmark date on the request for cancellation provided such date is legible and not a postage meter date; or
- If neither 1 nor 2 above apply, the date and time the request is received by us.
- **If requesting a backdated cancellation effective date proof is required, such as, proof of new coverage showing same or greater coverage, proof of sale, total loss, etc.**
 - Requested Cancellation Date: _____

Reason for Cancellation: _____

Insured Signature: _____ **Date:** _____

Upon cancellation, you may be entitled to a premium refund or have an outstanding balance due. If this policy is cancelled, any refund due will be computed on a daily pro-rata basis minus a cancellation fee. All policy fees are fully earned as soon as coverage goes into effect.

If you have any questions or need additional assistance, please contact us at 877-789-4742 or email us at customerservice@agcins.com