

# Aegis Security - Cancellation Request Form

## POLICY INFORMATION - *Required for cancellation*

Date Cancellation to be Effective: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Finance Company Account #: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

All information in this section is  
**REQUIRED** in order to  
cancel this policy!

## REASON FOR CANCELLATION

## AGENCY INFORMATION

Agency: \_\_\_\_\_ Agent Code: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Named Insured's Signature (*Only the Named Insured on this policy is authorized to sign*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Named Insured's Signature (*Only the Named Insured on this policy is authorized to sign*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

**Please mail this form to:**

Reliable Policy Management, LLC  
PO Box 100521  
Florence, SC 29502

**or Fax to 800.313.0645**