

# Roadmaster Cancellation Request Form

## **POLICY INFORMATION – Required for cancellation**

Effective Date of Cancellation: \_\_\_\_\_

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

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

Please mail this form to: **Reliable Policy Management, LLC**

**PO Box 100521**

**Florence, SC 29502-0521**

**You may fax the completed & properly signed form to 800.313.0645**