



2894 – 106th Street, PO Box 7628
Urbandale, IA 50323
800-942-1000, 515-334-3001 (phone)
515-334-3013 (fax)

REQUEST FOR CANCELLATION OF PMMIC POLICY

POLICY NO. _____ CANCELLATION OR _____ NON-RENEWAL

for office use only:
DATE OF CANCELLATION _____

INSURED INFORMATION (as it appears on policy):

NAME _____ PHONE NO. _____

ADDRESS _____

FEDERAL ID # _____ or SOCIAL SECURITY # _____
(company/corporation) (individual/sole proprietor)

Please check one of the following as reason for cancellation:
_____ permanent closure (provide Underground Storage Tank Closure Report)
_____ sale of site (provide new owner contact information – name, phone, address)
_____ insuring through another source
_____ temporary closure over 1 year
_____ other _____

Please check one:

_____ I wish to have PMMIC coverage until property transaction date.

_____ I want coverage cancelled immediately.

INSURED'S NAME OR REPRESENTATIVE _____ TITLE _____
(please print)

SIGNATURE OF SAME _____ DATE _____

ADDITIONAL INSUREDS: YES _____ NO _____ (If yes, please list.)

Name	Interest	Signature	Title	Date Signed

- Note:**
- 1.) If refund is due, it will be mailed within a few weeks.
 - 2.) If additional insureds are on policy, they will be faxed or mailed a copy immediately and will receive a copy of cancellation notice.
 - 3.) The date this policy is final cancelled will be the date this form arrives in our office unless legal documentation is provided noting date transaction has occurred.