



Policy Cancellation Form

If you wish to cancel your entire policy please complete the form below. For security purposes this form must be fully completed.

Please print this page, sign below, indicate the effective date of the cancellation, the reason for cancellation and the last four (4) digits of your vehicle's serial number (vehicle identification number).

Mail to:

American Collectors Insurance, Inc.
Attn: Cancellation Department
P.O. Box 8343
Cherry Hill, N.J. 08002-0343

Or

Fax this request to: (856) 755-7440

Or

Scan and e-mail the document to: cancellations@americancollectors.com

I hereby authorize American Collectors Insurance to cancel my policy: AVP # _____

Effective ____/____/____

Reason for cancellation:

Sold vehicle Replaced coverage with: _____
Name of Company

Other: _____

Last four digits of vehicle's serial number _____

Print name: _____

Signature: _____

Today's Date: ____/____/____