



Policy Cancellation Request Form

If you wish to cancel your entire policy, carefully read, complete and submit this form. For security purposes this form must be fully completed. The "Submit" button will email your completed request form to:

Cancellations@americancollectors.com

Please read and complete all five sections below.

1) Print Name: First: _____ Last: _____

2) Policy Number: _____

3) Requested date of cancellation: ____/____/____

4) Reason for cancellation: (Select one below)

Vehicle sold (If sold more than 30 days ago, include a copy of the bill of sale.) *For New York residents- Please also include a copy of the FS-6 card regardless of the date of cancellation.*

Replaced coverage with another company. (If coverage was replaced over 30 days ago include a copy of the new policy declarations page.)

Other: _____

5) Year: _____ Make: _____ Last four digits of vehicle's serial number _____

Authorization and Electronic signature clause (Please read and sign below).

I hereby authorize American Collectors Insurance to cancel my policy. I also AGREE to conduct this transaction by electronic means. I understand that I may refuse to conduct other transactions by electronic means. I understand that I am engaging in an electronic transaction and agree to the use, validity and receipt of electronic communications. I consent to entering into this insurance transaction electronically via the Internet. I also consent to be notified by e-mail at the indicated e-mail address regarding this insurance, including the status of my insurance application. I also acknowledge that whenever my signature or consent is required in connection with this transaction, my electronic signature or consent shall be deemed to be sufficient and acceptable under any applicable state or federal electronic signature or transaction regulations and such electronic signature or consent shall constitute my actual acceptance of the terms that I agree to. I understand that I may stop electronic communications to me at any time by calling the telephone number listed within on this website.

Signature of the named insured

Today's date