



Request for Cancellation of Policy

1. Firm Name: _____
2. Policy No.: _____
3. Desired cancellation effective date MM/DD/YYYY: _____
(must be date of OBLIC receipt or later)
4. Would you please provide an explanation for the cancellation?

Print name

By: _____ Date _____
(Authorized representative of applicant and/or policyholder)

WARNING: Any person who, with intent to defraud or knowing that he or she is facilitating fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. (O.R.C.-3999.21)