**CANCELLATION REQUEST FORM**

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| **INSURED INFORMATION** | **PRODUCER INFORMATION (if applicable)** |
| Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Change in mailing address: (complete below)  Address Line 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Producer ID\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Change in mailing address: (complete below)  Address Line 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **POLICY INFORMATION** | **CANCELLATION INFORMATION** |
| Policy Number\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location Address  Address Line 1\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State\*: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\*: \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_ | Requested Cancellation Date\*: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_  Cancellation Reason\*:  □ Insured Request – Not Wanted  □ Insured Request – Property Sold  □ Insured Request – Coverage Replaced  □ Mortgagee Request  □ Other (Explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Note**: Cancellation requests received without an authorized signature will be rejected. Note that all requests to cancel your policy must be in writing. NYPIUA will cancel the policy effective the date of receipt of the cancellation request. See below for exception(s) to this effective date rule.

Cancelling your policy with NYPIUA as a result of replacement of coverage with another carrier - Please note that you must notify us and in a timely manner in the event that you replace this insurance with another carrier.

* If you notify us in writing within 90 days of replacement, NYPIUA will cancel effective the date of replacement, no additional documentation will be necessary.
* If you notify us in writing within a year of replacement, NYPIUA will cancel effective the date of replacement. A copy of the replacement policy must be submitted as proof.
* If you notify us in writing more than one year after replacement and your policy is already cancelled, NYPIUA will not change the cancellation effective date.
* If you notify us in writing more than one year after replacement and your policy is in force, NYPIUA will cancel the policy effective the date of receipt of the cancellation request.

Cancelling your policy with NYPIUA as a result of sale of the building - Please note that you must notify us in a timely manner in the event that you sell your building(s).

* If you notify us in writing within 90 days of sale, no additional documentation will be necessary.
* If you notify us in writing after 90 days, NYPIUA will cancel the policy effective the date of sale. A copy of the deed of sale or closing documents must be submitted as proof.

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| **Submission Method** | **How to Submit** |
| Online | Log into [www.nypiua.com](http://www.nypiua.com) and follow the prompts. |
| Mail | Mail required documents to NYPIUA at 155 Myers Corners Road, Wappingers Falls, NY 12590-3857. |
| Fax | Fax required documents to NYPIUA at (845) 218-3099 |
| Email | Email required documents to [fairplan@nypiua.com](mailto:fairplan@nypiua.com). |

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Signature of Named Insured/Authorized Signature Date