



KAMMCO Policy Cancellation Request

Insured Name (First, MI, Last): _____ Policy Number: _____

Employer Name (if applicable): _____

1. Cancellation Request

I, _____ (Name), am hereby voluntarily requesting cancellation of my KAMMCO Insurance policy number _____ (Policy Number), effective 12:01 a.m. on _____ (Date).

2. Reason for Cancellation

Please check all that apply.

Switched to another insurance company. Please indicate name: _____

Competitive premium. Please indicate new annual premium: _____

New employer. Please indicate new employer: _____

Moving out of state. Please list state: _____

Practice acquired by hospital or other entity. Please indicate name: _____

Retirement.

Other Reason. Please specify: _____

3. Please Return Refund to: (If you financed your policy, use your financial institution's to fill out the spaces below.)

Name: _____

Street: _____ City: _____ State (XX): _____ Zip: _____

4. Reporting Endorsement Options for Claims-Made Policy (Tail Coverage) – For Missouri Policyholders or Kansas Policyholders who do not participate in the Health Care Stabilization Fund.

Please Note: For those who are eligible to purchase it, you have **30 days** from the date of cancellation to select and finalize purchase of an **Extended Reporting Endorsement** (tail coverage).

Option 1 - Decline to Purchase an Extended Reporting Endorsement

No, I do not wish to purchase an extended reporting endorsement (tail coverage). I understand my right to exercise the option to purchase it must be made within **30 days** from the date of cancellation, as stated above.

Please indicate the reason for your decision:

Obtained Prior Acts (nose coverage).

Obtained Occurrence Coverage.

Purchased free-standing tail coverage from another carrier.

Other: _____

Option 2 - Purchase an Extended Reporting Endorsement

Yes, I will purchase an extended reporting endorsement (tail coverage) with renewing policy limits to be issued on my behalf. I understand I will have **30 days** from the date of cancellation, as stated above, to finalize purchase of the extended reporting endorsement.

5. Please direct all future correspondence to the following:

Street: _____ City: _____ State (XX): _____ Zip: _____

Mobile Phone: _____ Home Phone: _____ Email: _____

Please return this form, by email to underwriting@kammco.com or by fax to **785.232.4704**.
If you work with a KAMMCO agent, please submit this form directly to your agent.

Insured Signature

Date