

# Cancellation Request



Kanawha Insurance Company, P.O. Box 7200, Lancaster, SC 29721

Insured's Name \_\_\_\_\_  
Owner's Name \_\_\_\_\_ Owner's Social Security Number \_\_\_\_\_  
Owner's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_  
Owner's Telephone \_\_\_\_\_

## Cancellation of Insurance

Reason for Cancellation \_\_\_\_\_  
\_\_\_\_\_  
Policy Number(s) to Cancel \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I confirm that I wish to cancel the above listed policies.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Policyowner Date

Effective date of cancellation will be determined as defined by our Procedural Cancellation Policy.