



Insurance & Financial Services Inc.

People you trust ~ Insurance that works!

VEHICLE DELETION FORM

Please print or type information

Policy Number: _____

Effective Date of Deletion : Year _____ Month _____ Day _____

Vehicle to be deleted: _____

Insurance Company : _____

Name of Insured : _____

Please delete the above vehicle completely from our policy. No coverage will be required as of the effective date of deletion.

Signature of client

Date

Signature of client

Date