



Martin & Wright
Insurance & Financial Services Inc.
People you trust ~ Insurance that works!

Request To Remove Road Coverage

RE: Policy Number: _____

Effective _____ please remove all road coverage, except
Day month year

Comprehensive from my _____ as the vehicle will be
Year make model

parked. I will advise when the road coverage(s) should be reapplied.

Signature of policy holder: _____ **Date:** _____

Signature of policy holder: _____ **Date:** _____