CANCELLATION REQUEST

				DATE (MM/DD/YY)
	d Insurance Services, Inc Canyon Rd. Suite # 402 883	PHONE	951-368-0700	COMPANY NAME AND ADDRESS
Code:	Name of person taking request			POLICY TYPE:
Agency Custome	er ID:			CANCELLED POLICY INFORMATION
INSURED NAME AND ADDRESS			POLICY NUMBER:	
				EFFECTIVE DATE OF CANCELLATION
				POLICY TERM EFFECTIVE DATE EXPIRATION DATE
REASON FOR CA	ANCELLATION			
Not	Taken			
Requested by insured PREMIUM IS EA			PREMIUM IS EARN	IED THROUGH CANCELLATION NOTICE PERIOD
Rewr Othe	itten r		FALL	ANT
REMARKS				

GALLANT RISK & INSURANCE SERVICES, INC.	Signature	Date