

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.