

## How to **switch** policies with **DIRECTQUOTE**

When you shop with us, the only thing easier than finding the best rates is switching to your new policy. **All you have to do is follow these 3 steps:**

- **Find a new policy and get proof of coverage**
- Contact your current provider to **cancel your old policy**
- **Confirm the cancellation**, and get a refund on your unused premium

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## Not sure how to **cancel** your policy?

Don't worry, we can help you with that too. There are a few ways to cancel your policy find out which method works best with your current provider and follow the instructions:



### Mail

Fill out the attached cancellation request form, print it out, and send it to your current insurance company's customer service center or billing address.



### Online

Some providers have online policy management systems that let you cancel your policy directly on the site. Simply log in to find out, and be ready to provide information about your new policy.



### Phone call

Most companies have local agents that can help you cancel your policy over the phone. Just give your current carrier a call, and be ready to provide information about your new policy in case they ask.

# Request for cancellation of insurance policy

Name of Policy Holder:

\_\_\_\_\_

Last

First

MI

Address:

\_\_\_\_\_

Street

Apt,Ste #

\_\_\_\_\_

City

State

Zip Code

**I have obtained a policy with another company and I am sending you this written notice to request cancellation of my current insurance policy. My information is listed below.**

Policy type:

Auto     Home / Renters     Other \_\_\_\_\_

Policy number:

\_\_\_\_\_

Cancellation date:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YY)

Time: \_\_\_\_:\_\_\_\_  
(HH:MM)

My new insurance company's name:

\_\_\_\_\_

My new policy number:

\_\_\_\_\_

Date this policy is effective:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YY)

Time: \_\_\_\_:\_\_\_\_  
(HH:MM)

**Please confirm this cancellation and send the unused portion of my premium to the address above.**

Signature of Policy Holder:

\_\_\_\_\_

Your printed or typed name:

\_\_\_\_\_

Date of signature:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YY)