

Policy Cancellation Request

New Insurance Company

Progressive Direct Insurance Co.

P.O. Box 31260

Tampa, FL 33631

Named Insured

Phone: _____

Attention: _____ **Customer Service**

I, _____, would like to cancel my current insurance policy, policy number _____. To avoid any lapse in coverage, I request that my current policy be canceled on the date that my new policy with Progressive Direct Insurance Company starts.

Progressive policy effective date and time is _____ ET.

Please send any account refunds directly to me.

Sincerely

X _____

Full Name

Date