



855 Front Street | P.O. Box 4759 | Helena, MT
Phone 800-332-6102 or 406-495-5000 | Fax 406-495-5020
Fraud 888-MT-CRIME or 888-682-7463 | TDD/TYY 406-495-5030
montanastatefund.com | safemt.com

CANCEL YOUR POLICY

Your policy will renew and premium will be billed unless we receive a **written** request to cancel your policy. If the policy renews, premium will be charged.

If you no longer require coverage, please provide the following information.

Policy # 03 _____ Insured's name _____

I request cancellation of the above policy for the following reason
(check all that apply and enter the effective date):

<u>Reason</u>	<u>Effective date</u>
Coverage transferred to another company on: _____	
Name of replacement company: _____	
Policy #: _____	

Business ceased or closed on: _____

I have not employed workers for whom coverage is required since: _____

Change of ownership occurred on: _____

Business sold to: Name _____

Mailing Address _____

City, State, Zip _____

Authorized Signature _____ Date _____

Federal ID #: _____ Phone #: _____