



Policy Cancellation Request Form

Please use this form when canceling your eRenterPlan policy. You may cancel for any reason at any time you wish.

Return this form to:

LeasingDesk Insurance Services
PO Box 17478
Irvine, CA 92623-9915

You may also fax this form to us at **1-888-484-7227**

Please cancel my eRenterPlan Resident's Insurance policy.

Policy Number: _____ **Date of Cancellation:** _____

Insurance Company: _____

Name(s) of Insured(s): _____

Insured Address: _____

I understand that I am responsible for any outstanding **earned premium**, which may be due, and that I will be billed for this amount.

I also understand that the insurance company will mail any **unearned premium** to me within a reasonable amount of time from receipt of this notice. Return premium will be sent to the Insured Address unless a new address is given below.*

**New mailing address
for return premium, if any:** _____

* All return premium will be paid by check, even if you paid your premium by credit card.

Signature: _____ Date: _____

Questions or comments? Please call LeasingDesk at **1-888-205-8118**