

AUTHORIZATION OF CANCELLATION

Name: _____ Policy Number: _____

New Address: _____

_____ New Phone _____

Please cancel my professional liability insurance policy effective _____ **12:01 a.m.**

Please cancel my business owners policy effective _____ **12:01 a.m.**

Reason for cancellation:

Retirement

Moving out of state. Where? _____

Joining a group not insured with NORDIC

Name of group _____ New Carrier _____

Other _____

Signature: _____ Date: _____

I would like to purchase the Extended Reporting Endorsement ("tail").

I have purchased Prior Acts with my new insurance carrier, and do not need the "tail."

My new insurance carrier is: _____

Policy Number (if known): _____

(Please attach a copy of the new declarations page if available)

I do not wish to purchase the "tail."

Signature: _____ Date: _____

Please **refund** any overpaid premiums to: _____