



## REQUEST FOR POLICY CANCELLATION

1. Within 30 days of the requested cancellation date, please email the completed application to [underwriting@lawyersmutualinc.com](mailto:underwriting@lawyersmutualinc.com).
2. For questions, please call (919) 677-8900 or (800) 662-8843.

Firm Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Requested Cancellation Date: \_\_\_\_\_

**Cancellation Reason:**

firm dissolving?  Yes  No

retiring?  Yes  No

leaving private practice?  Yes  No \_\_\_\_\_  
(e.g., in-house counsel, judicial, state government, etc.)

moving out of North Carolina?  Yes  No

joining another firm?  Yes  No \_\_\_\_\_  
Firm Name:

deceased?  Yes  No *If the attorney is deceased, please contact the underwriting department.*

other?  Yes  No \_\_\_\_\_

Any refund resulting from the cancellation of this policy will be issued to the **Named Insured** (the law firm) at the address on file with Lawyers Mutual. Please provide a forwarding address, phone number, and email if any have changed.

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Partner, Director, Officer or Owner

\_\_\_\_\_  
Date