

NOTICE OF DECLINATION

INSURED COPY

<Company Logo>
<Company Address>

For Policy Customer Service Call: (XXX) XXX-XXXX

Policy Number	Policy Type	Policy Period	Date
		[MM/DD/YYYY] – [MM/DD/YYYY] 12:01 AM Standard Time at the Residence Premises	

Named Insured and Address: <Named Insured> <Named Insured Address>	Agent: <Agent Name> <Agent Address> <Agent Phone #>
---	---

DECLINATION

The insurance coverage provided by the policy number referenced above has been declined. Please note that coverage never existed.

This insurance coverage is being declined for the following reasons:

[Reason]

DECLINATION DATE: <MM/DD/YYYY> at 12:01AM Standard Time

Risk Location: <Insured Location>
<Insured City, State, Zip>

If you have any questions regarding this notice, please contact your agent. Your agent's contact information is conveniently displayed above.