



LAST MILE DELIVERY PROGRAM
www.bizchoiceins.com

CANCELLATION FORM

CONTRACT CARRIER: _____
 CANCEL EFFECTIVE: _____

EMAIL SIGNED FORM TO: lastmile@paulhanson.com
 FAX SIGNED FORM TO: 707-252-5905

COVERAGE SELECTION TO BE CANCELLED:

PROGRAM I	PROGRAM II
Workers' Compensation	Auto Liability
Occupational Accident	Physical Damage
	General Liability
	Umbrella
	Cargo Legal Liability
	Moffetts

Please note that it is your responsibility to notify BizChoice directly to cancel any insurance coverage. Notification to your contracted motor carrier is not satisfactory notice to cancel an insurance policy. The cancellation must be received from you as the first named insured on the policy. If you fail to provide a signed notice of cancellation of insurance we will be forced to cancel coverage for nonpayment which requires 10 days plus 5 days of notice to you and premiums will accrue during this time frame. Any earned premiums that accrue during this time will result in a collection effort against you. Please help us prevent this from occurring by providing timely notice of cancellation requests to our office. Termination of your insurance policy to obtain coverage from another insurer prior to your renewal will result in a short rate penalty applied by the insurer.

A signed termination of contract with your prime motor carrier will be taken as evidence of your desire to terminate your insurance contract on the same date of the termination of your contract. Please address your questions regarding cancellation to lastmile@paulhanson.com. You can also call 800-852-1968 or fax to 707-252-5905.

Contract Carrier	Coverage to be Cancelled (please indicate either Program I, Program II or both)	Effective Date of Cancellation

Please Check which Cancellation Reason Applies:

- I have terminated my contract with 3PD and no longer require coverage.
- I am continuing my coverage with 3PD but have sought insurance coverage elsewhere.

The undersigned agrees that:

The above referenced policy is lost, destroyed or being retained. No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above. Any premium adjustment will be made in accordance with the terms and conditions of the policy. Coverage deletion cannot be backdated more than 15 days from date of receipt of this form.

Signature: _____
 (Contract Carrier)

Date: _____

Printed Company Name: _____