Leading Edge Insurance Services, Inc.

REQUEST TO REMOVE VEHICLE

Customer Name: _____ Date: _____

Insurance Company: _____ Policy #: _____

Please remove the following vehicle from my policy effective (date & time): _____

Reason for deletion: Sold   Inoperable   Claim - Total Loss

Vehicle to be removed: (Yr) _____ (Make) _____ (Model) _____

VIN: _____

_____   _____
Customer Signature   Date