

## **CANCELLATION AT POLICY RENEWAL**

Your workers' compensation policy will automatically renew and premium will be billed unless we receive a <u>written</u> request to cancel your policy. If the policy renews, but payment is not made, MSF will be forced to cancel your policy and a minimum premium will be charged.

If you no longer require workers' compensation coverage, please provide the following information.

Polic	y # 03-	i i i i i i i i i i i i i i i i i i i	<u> </u>	
Insur	ed's name			
_	est cancellation of apply and enter the	the above policy for the followeffective date):	wing reason (check all	
	Reason Coverage transfer	red to another company on: _	Effective date	
	<del>-</del>	nent company:		
	Business ceased o	siness ceased or closed on:		
	I have not employed workers for whom coverage is required since:			
	Change of ownership occurred on:			
	Business sold to:	Name Mailing address City, State Zip		
	Authorized Signat	ture	Date	
Fede	ral ID #:	Phone #	:	