



Physicians Mutual Insurance Company  
Claim Services  
PO Box 2018  
Omaha, NE 68103-2018  
1.800.228.9100  
Fax 1.402.633.1207  
PMPet.com

### Cancellation Form

**Customer Name:** \_\_\_\_\_

**Co-Insured's Name (If Applicable):** \_\_\_\_\_

**Pet Name(s):** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Primary Reason for Cancellation:**

- Price
- Billing issues
- Customer service issues
- Waiting periods
- Claims issues
- Coverage elsewhere
- Deceased pet
- Deceased insured

To cancel your coverage, please sign and date below.

Your cancellation will be effective the renewal date after your request is received. If any unearned premium is due, it will be refunded after the cancellation request has been processed.

\_\_\_\_\_  
**Customer Signature:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Co-Insured's Signature:**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Legal Representative  
Signature:**

\_\_\_\_\_  
**Date:**