



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 (Date of Death __/__/____)
- Deceased insured (Date of Death __/__/____)

To cancel your coverage, please sign and date below.

Your cancellation will be effective on the date in which this request is received by us. If the cancellation is requested due to a deceased pet or insured then the cancellation will be effective one day after the date of death. If any unearned premium is due, it will be refunded after the cancellation request has been processed.

Customer Signature

Date

Co-Insured's Signature (If Applicable)

Date

Legal Representative Signature (If Applicable)

Date