



Notice of Cancellation or Termination of Policy

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**Delaware Division of Motor Vehicles
Uninsured Motorist Section
P.O. Box 698
Dover, Delaware 19903**

Please return this completed form by mail, email: DEUM@delaware.gov, or fax to (302) 739-4750.

Per 18 Del. Admin. C. § 606-8.0 and 21 Del.C. § 2118(l) all insurers shall notify DMV of cancellations or terminations of private passenger automobile insurance policies.

INSURANCE COMPANY NAME:

AGENT NAME:

POLICY NUMBER:

EFFECTIVE DATE:

TERMINATION DATE:

REASON FOR TERMINATION:

Customer Name(s):

Customer Address:

YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER
			Must be complete VIN

For any questions, please contact the Uninsured Motorist Section at (302) 744-2513.