



**LAWYERS
MUTUAL**

LIABILITY INSURANCE
COMPANY OF
NORTH CAROLINA

5020 Weston Parkway, Suite 200
Cary, North Carolina 27513
Post Office Box 1929
Cary, North Carolina 27512-1929

919.677.8900 TEL
800.662.8843 TOLL FREE
919.677.9641 FAX
www.lawyersmutualinc.com

REQUEST FOR POLICY CANCELLATION

1. Within 30 days of the requested cancellation date, please fax this completed form to (919) 677-9641 or email it to underwriting@lawyersmutualinc.com.
2. For questions, please call (919) 677-8900 or (800) 662-8843.

Firm Name: _____ Policy Number: _____

Requested Cancellation Date: _____

Cancellation Reason:

firm dissolving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
retiring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
leaving private practice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(e.g., in-house counsel, judicial, state government, etc.)

moving out of North Carolina?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
joining another firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of firm: _____

other? _____

deceased?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----------	------------------------------	-----------------------------

(If the attorney is deceased, please contact the underwriting department at one of the telephone numbers above.)

Any refund resulting from the cancellation of this policy will be issued to the **Named Insured** (the law firm) at the address on file with Lawyers Mutual. Please provide a forwarding address and phone number if either has changed.

Address: _____

Phone: (_____) _____

Signature of Partner, Director, Officer or Owner

Date