DOCUMENT NO.

KENTUCKY TRANSPORTATION CABINET

Division of Motor Vehicle Licensing

TC-96-30 9/96

MOTOR VEHICLE INSURANCE AGENT INSURANCE BINDER CANCELLATION FORM

IMPORTANT – Per KRS 304.39-083, "If the owner of a motor vehicle has been issued a binder or other contract for temporary insurance for motor vehicle security, and subsequently contacts the agent who issued the binder or other contract for temporary insurance to cancel the motor vehicle security before the agent has forwarded the person's application for a binder or other contract for temporary insurance to the insurance company, the agent shall immediately notify the Department of Vehicle Regulation that the owner has cancelled the binder for motor vehicle security".

(PLEASE PRINT OR TYPE ALL INFORMATION REQUIRED BELOW) INSURANCE AGENCY SECTION **AGENCY** NAME: ADDRESS: _____ STATE:_____ ZIP:____ CITY: _____ AGENT NAME:_____ COUNTY: AGENT NO:_____ TELEPHONE NO: ()_____ FAX: ()_____ INSURANCE COMPANY SECTION COMPANY NAME: NAIC CO. CODE: INSURED/POLICY HOLDER SECTION INSURED NAME: ADDRESS: ______ STATE:_____ ZIP:_____ CITY:_ COUNTY: ____ HOME TELEPHONE NO: ()______ BIRTH DATE: (MM/DD/YY)_____ KY DRIVER LICENSE NO:_____ MOTOR VEHICLE(S) SECTION VEH 1 – YEAR: ___ MAKE: _____ VIN: | | | | | VEH 2 – YEAR: _______ VIN: VEH 3 – YEAR: MAKE: _____ VEH 4 – YEAR: _____ MAKE: ____ VEH 5 – YEAR: _____ MAKE: ____ VIN: BINDER/POLICY SECTION BINDER/POLICY NO: BINDER EFFECTIVE DATE: _____ BINDER CANCELLATION DATE: _____ _____ DATE:_____ AGENT SIGNATURE: _____

FAX: (502) 564-9314

MAIL: Transportation Cabinet, Division of Motor Vehicle Regulation, PO Box 2014, Frankfort, Ky 40622