



Plains Insurance

Providing our clients with knowledgeable, personalized and professional service.

RELEASE OF INTEREST

Date: _____

With respect to:

Policy Number: _____

Insuring Company: _____

Named Insured: _____

I/We _____

no longer have an interest in the above-noted policy. Please remove my/our name from the policy effective _____, 20____.

(Date)

Insured Signature

Insured (Print Name)

Insured Signature

Insured (Print Name)