



Application for Appeal of Automobile Insurance Cancellation or Non-Renewal

Name of Insured: _____

Policyholder (if different): _____

Mailing Address: _____

Effective Date of Cancellation or Non-renewal: _____

Insurance Company Name: _____

NAIC Company Code: _____

Policy Number: _____

Cancellation **or** Non-Renewal: _____

Reason for Cancellation/Non-Renewal:

*Please attach a copy of the notice you received from the insurance company.

Please provide the reason for the appeal.

*Please provide a copy of your id card and any documentation to support your position.

Person requesting the appeal: _____

Date of Request: _____

How was request submitted:

- Mailed to address below - Attn: Consumer
- Emailed to consumer@delaware.gov
- Faxed to 302-739-6278
- Hand-delivered