

REQUEST TO REMOVE ROAD COVERAGE

Date:

Named Insured:

Policy #:

Effective: Year: _____ Month: _____ Day: _____, please remove all road coverage, **except Comprehensive** from my Year: _____ Make: _____ Model: _____ as the vehicle will be parked. I will advise when the road coverage(s) should be reapplied.

Signature of Policy Holder: _____ Date: _____

Signature of Policy Holder: _____ Date: _____

