

Today's Date:

Effective Date of Storage Coverage:

Policy#:

Vehicle/Motorcycle:

Last 6 of Vin#

I certify that the vehicle(s) above are not being driven, Therefore I request that the following coverage's be deleted from my policy.

- () Bodily Injury
- () Uninsured/Underinsured Motorist
- () Collision
- () Towing
- () Rental Reimbursement
- () Michigan No Fault Coverage's
- () Medical Coverage's

I also understand that NO coverage's will be added back onto this auto/motorcycle until I sign this form for a 2nd time and we receive it back in our office.

Insured's Signature to REMOVE coverage's: _____

Today's Date:

Effective Date of Coverage's added back on:

Comp Ded:

Policy#:

Collision Ded:

Vehicle/Motorcycle:

Last 6 of Vin#

2nd Signature to ADD coverage's back on: _____