



PHONE 562-392-8288, FAX 562-402-4118
CUSTOMERSERVICE@MYCOINSURANCEGROUP.COM

Policy Rejection Memo

Date: _____

Broker Name: _____

Producer Code: _____

Insured _____ (customer name) does not wish to obtain coverage under policy # _____ at this time.

The reason for the rejection is due to the following:

RESCISSION _____

Check all that apply:

- Incomplete transaction
- Insured did not sign application
- No money has been collected
- No declaration page or ID cards given to customer
- Credit card rejected or NSF on down payment was rejected (attach 3rd party documentation)
- Agent Error – upload by mistake

X _____ (BROKER/ AGENT SIGNATURE)

FLAT CANCEL _____

Check all that apply:

- Insured changed mind after policy was issued
- Down payment received
- Application signed
- Declaration and ID cards given to customer
- Wrote policy under different carrier _____ (POLICY NUMBER)

X _____ (CUSTOMER SIGNATURE)

VOID – not issued _____

Check all that apply:

- Duplicate of _____ (POLICY NUMBER)
- Insured changed mind