



**BRISTOL WEST**<sup>®</sup>

A Farmers Insurance<sup>®</sup> Company

## REQUEST TO FLAT CANCEL

**NOTE: ONLY TO BE USED FOR PRODUCER UPLOAD ERRORS  
AND MUST BE SUBMITTED *WITHIN 5 CALENDAR DAYS OF*  
EFFECTIVE DATE**

Please flat cancel (rescind) policy # \_\_\_\_\_ back to the inception date of the policy which was \_\_\_\_\_. The reason for the flat cancellation is:

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I, the undersigned producer, am requesting that the above policy be flat cancelled (rescinded) and any monies previously forwarded be credited back into my account. I certify that this request is only being made due to the policy being uploaded by an error on my part. I acknowledge that I have explained the implications of this flat cancellation (rescission) to the applicant under the policy listed above.

**By signing this request, I confirm that no coverage was ever afforded under the policy shown above by the Bristol West Insurance Group and its affiliated underwriting companies and subsidiaries.**

Producer Name: \_\_\_\_\_ Producer # \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For immediate reversal of funds please fax to 1-800-682-0817**