



FR4

**Notice of Cancellation or Termination of Policy
Based on Nonpayment**
more forms online at dmv.de.gov

**Delaware Division of Motor Vehicles
Uninsured Motorist Section
P.O. Box 698
Dover, Delaware 19903**

Please return this completed form by mail, email: DEUM@delaware.gov, or fax to (302) 739-4750.

Per 18 Del. Admin. C. §606-8.1 and 21 Del.C. §2118(l) all insurers shall notify DMV of cancellations or terminations of private passenger automobile insurance policies for reason of nonpayment of premiums.

INSURANCE COMPANY NAME:

AGENT NAME:

POLICY NUMBER:

EFFECTIVE DATE:

TERMINATION DATE:

Customer Name(s):

Customer Address:

YEAR

MAKE

MODEL

VEHICLE IDENTIFICATION NUMBER

Must be complete VIN

For any questions, please contact the Uninsured Motorist Section at (302) 744-2513.