Office of the Commissioner



Delaware Department of Insurance

Application for Appeal of Automobile

Insurance Cancellation or Non-Renewal

Name of Insured:
Policyholder (if different):
Mailing Address:
Effective Date of Cancellation or Non-renewal:
Insurance Company Name:
NAIC Company Code:
Policy Number:
Cancellation or Non-Renewal:
Reason for Cancellation/Non-Renewal:
*Please attach a copy of the notice you received from the insurance company.
Please provide the reason for the appeal.
*Please provide a copy of your id card and any documentation to support your position.
Person requesting the appeal:
Date of Request:
How was request submitted: Description Mailed to address below - Attn: Consumer Emailed to consumer@delaware.gov Faxed to 302-739-6278 Hand-delivered
Delaware Department of Insurance 1351 West North Street, Suite 101, Dover, Delaware 19904 insurance.delaware.gov (302) 674-7300

Rev. 05/2022