

Date:

To: NJ PURE Underwriting Department

From:

Re: Professional Liability Insurance  
Policy Number \_\_\_\_\_

**(group name)** and **(doctor name)** hereby authorize and request that the assignment to **(group name)** for **(doctors name)** policy be terminated effective **(date)**.

Sincerely,

\_\_\_\_\_

(GROUP)

\_\_\_\_\_

(DOCTOR)