



RAILROAD COMMISSION OF TEXAS

Oversight and Safety Division
Alternative Fuels Safety Department

**LNG FORM
2999**

NOTICE OF INSURANCE CANCELLATION

Please Type or Print

Notice is hereby given to the Railroad Commission of Texas, Alternative Fuels Safety, of the cancellation of a policy of insurance, described as follows:

Insured: _____

Address of Insured: _____
(Street or P.O. Box)

(City) (State) (Zip Code)

Reason for Cancellation: _____

Type of Insurance: _____

Current Policy Number _____ Effective Date _____

Date and Hour of Cancellation: _____

Name of Insurance Company: _____

Address of Insurance Company: _____
(Street or Box)

(City) (State) (Zip Code)

(_____) _____
(Area Code/Telephone Number)

(Printed Name of Representative)

(Signature of Authorized Insurance Company's Representative)*

(_____) _____
(Area Code/Telephone Number)

*NOTE: Restricted to those names authorized by the insurance company.

Return to:
Railroad Commission of Texas
Alternative Fuels Safety
P.O. Box 12967
Austin, Texas 78711-2967
(800) 64-CLEAR

Fax: (512) 463-7292

Rev. January 2021