



RAILROAD COMMISSION OF TEXAS

Alternative Energy Division

LP-Gas Operations

LNG FORM

2999

NOTICE OF INSURANCE CANCELLATION

Please Type or Print

Notice is hereby given to the Railroad Commission of Texas, LP-Gas Operations, 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 Energy Division
LP-Gas Operations
P.O. Box 12967
Austin, Texas 78711-2967
(800) 64-CLEAR
Fax: (512) 463-7292

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