



**RAILROAD COMMISSION OF TEXAS**

Oversight and Safety Division  
Alternative Fuels Safety Department

**CNG FORM  
1999**

**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) 8463-7292

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