

Request for cancellation of insurance policy

Name of Policy Holder:

Last

First

MI

Address:

Street

Apt,Ste #

City

State

Zip Code

I have obtained a policy with another company and I am sending you this written notice to request cancellation of my current insurance policy. My information is listed below.

Policy type:

Auto

Home / Renters

Other _____

Policy number:

Cancellation date:

____ / ____ / ____

(MM/DD/YY)

Time: ____ : ____

(HH:MM)

My new insurance company's name:

My new policy number:

Date this policy is effective:

____ / ____ / ____

(MM/DD/YY)

Time: ____ : ____

(HH:MM)

Please confirm this cancellation and send the unused portion of my premium to the address above.

Signature of Policy Holder:

Your printed or typed name:

Date of signature:

____ / ____ / ____

(MM/DD/YY)