



## REQUEST TO CANCEL POLICY

Customer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Please cancel my policy effective (date & time):** \_\_\_\_\_

Reason for cancellation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date