

Insurancefax.com

Haymarket, Virginia

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

Cancellation date: _____ at 12:01 a.m.

To Insurancefax.com:

Please cancel the insurance policy or policies as indicated above on the date specified.

I understand that you may contact me for verification of my cancellation request.

Sincerely,

Signature: _____

Print name: _____

Please mail, fax, or email this form to:

Insurancefax.com
14950 Washington St #104
Haymarket, Virginia 20169

Fax: 571-261-2720

Email: