

Anderson Insurance

Valparaiso, Indiana

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Anderson Insurance:

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:

Anderson Insurance
570 Vale Park Road Suite A
Valparaiso, Indiana 46385

Fax: 219-464-8991

Email: info@aiwmi.com