

Options Insurance Group

Ft. Washington, Pennsylvania

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Options Insurance Group:

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:

Options Insurance Group
305 Camp Hill Road
Ft. Washington, PA 19034

Fax: 888-850-5037

Email: info@optionsinsure.com