

Corwin Insurance Agency

Albany, Oregon

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Corwin Insurance Agency:

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:

Corwin Insurance Agency
2231 Santiam Hwy SE
Albany, OR 97322

Fax: 541-924-1334

Email: info@corwininsurance.com