

**Corkin Insurance Agency Inc**

Newton, Massachusetts

**Insurance Policy Cancellation**

Insurance Company: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

Cancellation date: \_\_\_\_\_ at 12:01 a.m.

To Corkin Insurance Agency Inc:

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:

Corkin Insurance Agency Inc  
180 Wells Ave #301A  
Newton, MA 02459

Fax: 617-796-0110

Email: [mcorkin@corkininsurance.com](mailto:mcorkin@corkininsurance.com)