

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