

Point West Insurance Associates

Sacramento, California

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Point West Insurance Associates:

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:

Point West Insurance Associates
1111 Howe Avenue, Suite 155
Sacramento, California 95825

Fax: 916-925-0928

Email: info@pointwestins.com