

Hummel's Warsaw Insurance

Warsaw, Kentucky

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Hummel's Warsaw Insurance:

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:

Hummel's Warsaw Insurance
505 E. Main Street
Warsaw, KY 41095

Fax: 859-567-4171

Email: jenn@hummelinsurancegroup.com