

Holder Insurance Agency

Ocala, Florida

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Holder 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:

Holder Insurance Agency
1635 SW 1st Avenue
Ocala, FL 34471

Fax: 352-237-0903

Email: Info@holderinsurance.com