

Freedom Insurance Center

Cape Coral, Florida

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Freedom Insurance Center:

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:

Freedom Insurance Center
923 Del Prado Blvd S, #102
Cape Coral, Florida 33990

Fax: 888-467-9692

Email: info@freedominsurancecenter.com