

Schwaller Insurance Agency, Inc.

Orland Park, Illinois

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Schwaller 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:

Schwaller Insurance Agency, Inc.

15440 South Harlem Ave

Orland Park, IL 60462

Fax: 708-444-3141

Email: info@schwallerinsurance.com