

Fred Eady Insurance

Brawley, California

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Fred Eady 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:

Fred Eady Insurance
204 N. Imperial Ave.
Brawley, CA 92227

Fax: 760-344-2964

Email: feady@flyinge.net