

**Colonial Insurance & Financial Services,  
LLP**

Conway, South Carolina

**Insurance Policy Cancellation**

Insurance Company: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

Cancellation date: \_\_\_\_\_ at 12:01 a.m.

To Colonial Insurance & Financial Services, LLP:

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:

Colonial Insurance & Financial Services, LLP  
2351 Church Street Unit 102  
Conway, South Carolina 29526

Fax: 843-438-4419

Email: [Jon@ColonialLLP.com](mailto:Jon@ColonialLLP.com)