

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