

Thomas Insurance

Pensacola, Florida

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Thomas 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:

Thomas Insurance
1010 W Garden
Pensacola, FL 32502

Fax: 850-607-8899

Email: john@thomasinsuranceonline.com