

Summit Insurance Advisors

Scottsdale, Arizona

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Summit Insurance Advisors:

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:

Summit Insurance Advisors
5425 E Bell Road Suite 103
Scottsdale, Arizona 85254

Fax: 866-711-5973

Email: info@sia23.com