

Best Insurance Consultants

Schaumburg, Illinois

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Best Insurance Consultants:

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:

Best Insurance Consultants
2050 East Algonquin Road, Suite 605
Schaumburg, Illinois 60173

Fax: 847-303-1649

Email: rhuska@bestinsltd.com