

**Town & Village Insurance Services**

Columbus, Ohio

**Insurance Policy Cancellation**

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

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

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

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

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

To Town & Village Insurance Services:

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:

Town & Village Insurance Services  
2000 Henderson Rd Ste 400  
Columbus, OH 43220

Fax: 614-457-2133

Email: [homeoffice@townvillageins.com](mailto:homeoffice@townvillageins.com)