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 340
Columbus, OH 43220

Fax: 614-457-2133

Email: homeoffice@townvillageins.com