

McGee & Thielen Insurance Brokers, Inc.

Sacramento, California

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To McGee & Thielen Insurance Brokers, Inc.:

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:

McGee & Thielen Insurance Brokers, Inc.
3780 Rosin Court #120
Sacramento, CA 95834

Fax: 916-646-0995

Email: