

Mearhoff Insurance Agency, Inc,
Easton, Pennsylvania

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Mearhoff Insurance Agency, 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:

Mearhoff Insurance Agency, Inc,
3101 Freemansburg Ave # 1
Easton, Pennsylvania 18045

Fax: 610-258-2651

Email: