

Steve C. Luth Insurance Services

Orangevale, California

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Steve C. Luth 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:

Steve C. Luth Insurance Services
9480 Madison Ave, Ste 1
Orangevale, CA 95662

Fax: 916-989-9102

Email: steve@sclins.com