

Mercy Di Paolo Insurance Services

El Dorado Hills, California

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Mercy Di Paolo 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:

Mercy Di Paolo Insurance Services
5011 Golden Foothill Parkway, Suite 1
El Dorado Hills, CA 95762

Fax: 916-989-9102

Email: steve@steveluth.com