

Crawford Insurance

Bellevue, Kentucky

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Crawford Insurance:

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:

Crawford Insurance
179 Fairfield Avenue
Bellevue, KY 41073

Fax: 859-581-1008

Email: insure@crawfordins.com