

Wichalonis Agency

Cumming, Georgia

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Wichalonis Agency:

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:

Wichalonis Agency
2450 Atlanta Hwy Ste 1202A
Cumming, Georgia 30040

Fax: 678-947-3879

Email: insureman@wichalonisagency.com