

Andrews & Van Lohn Insurance

Granada Hills, California

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Andrews & Van Lohn 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:

Andrews & Van Lohn Insurance
10734 White Oak Avenue
Granada Hills, CA 91344

Fax: 818-366-7550

Email: avl@avlinsurance.com