

Saferoad Insurance Services, Inc.

Long Beach, California

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Saferoad Insurance Services, Inc.:

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:

Saferoad Insurance Services, Inc.
office._first.address

Fax: 562-529-5052

Email: info@saferoadinsurance.com