

Advanced Insurance Solutions

Hershey, Pennsylvania

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Advanced Insurance Solutions:

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:

Advanced Insurance Solutions
546 West Chocolate Avenue
Hershey, Pennsylvania 17033

Fax: 717-312-1261

Email: info@advanced-ins.com