

McCain Atkinson Insurance

Denmark, South Carolina

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To McCain Atkinson 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:

McCain Atkinson Insurance
18478 Heritage Hwy
Denmark, SC 29042

Fax: 803-793-0860

Email: ch@mccainatkinson.com