

**Cornerstone Insurance Agency &
Centerstone Capital Insurance Agency**

Anaheim, California

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Cornerstone Insurance Agency & Centerstone Capital Insurance 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:

Cornerstone Insurance Agency & Centerstone Capital Insurance Agency
430 N State College Blvd
Anaheim, CA 92806

Fax: 714-490-0520

Email: Info@ccia.us