

Cornerstone 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:

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
4420 E Miraloma Ave Ste M
Anaheim, CA 92807

Fax: 714-490-0520

Email: Athene@CCIA.us