

Major Agency Inc dba Major Hill Insurance

Fox Lake, Illinois

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Major Agency Inc dba Major Hill 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:

Major Agency Inc dba Major Hill Insurance
5 West Meade Court
Fox Lake, IL 60020

Fax: 847-587-1204

Email: info@majorhill.com