

Tomlinson Insurance Agency, Inc.

Chillicothe, OH

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Tomlinson Insurance Agency, Inc.:

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:

Tomlinson Insurance Agency, Inc.

79 West 2nd Street

Chillicothe, OH 45601

Fax: 740-772-2313

Email: tia@horizonview.net