

Somers Agency LLC

Lorain, Ohio

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Somers Agency LLC:

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:

Somers Agency LLC
5311 Leavitt Rd Suite 100
Lorain Ohio 44053

Fax: 440-324-7269

Email: staff@somersagency.com