

Cooley Insurance Agency, Inc

Moberly, Missouri

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Cooley 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:

Cooley Insurance Agency, Inc
902 N. Morley Street
Moberly, MO 65270

Fax: 660-263-6373

Email: markcooley@sbcglobal.net