

McElwain Insurance

Tucson, Arizona

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To McElwain 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:

McElwain Insurance
1717 N Tucson Blvd
Tucson, AZ 85716

Fax: 520-326-1862

Email: MCELWAININ@AOL.COM