

O'Connor Insurance

Old Saybrook,

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To O'Connor 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:

O'Connor Insurance
50 Pond Road
Old Saybrook, CT 06475

Fax: 860-395-1111

Email: service@ejocins.com