

# Central Insurance Group, LLC

Salem, Oregon

## Insurance Policy Cancellation

Insurance Company: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

Cancellation date: \_\_\_\_\_ at 12:01 a.m.

To Central Insurance Group, 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:

Central Insurance Group, LLC  
4680 Commercial Street SE  
Salem, Oregon 97302

Fax: 503-587-7811

Email: [info@saleminsagency.com](mailto:info@saleminsagency.com)