

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