

Kozlowski-Lamb Agency, Inc

Highland, Indiana

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Kozlowski-Lamb 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:

Kozlowski-Lamb Agency, Inc
8348 Kennedy Ave
Highland, IN 46322

Fax: 219-923-4520

Email: info@kozlowksiins.com