

**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](mailto:info@kozlowksiins.com)