

Edward DeMars & Associates

Fort Worth, Texas

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Edward DeMars & Associates:

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:

Edward DeMars & Associates
4217 Benbrook HWY
Fort Worth, TX 76116

Fax: 817-367-3260

Email: agency@edemarsassociates.com