

Jack Stone Insurance Agency, Inc.

office_first.city, California

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Jack Stone Insurance 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:

Jack Stone Insurance Agency, Inc.
144 Contiente Ave, Suite 210
Brentwood, California 94513

Fax: 925-240-1846

Email: sherry@jackstoneinsurance.com