

# Pflueger Insurance Agency

Orwigsburg, Pennsylvania

## Insurance Policy Cancellation

Insurance Company: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

Cancellation date: \_\_\_\_\_ at 12:01 a.m.

To Pflueger Insurance Agency:

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:

Pflueger Insurance Agency  
1209 Centre Tpke Ste 1  
Orwigsburg, PA 17961

Fax: 570-968-2109

Email: [info@pfluegerinsurance.com](mailto:info@pfluegerinsurance.com)