

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