

Cole, Paine & Carlin Insurance Agency, Inc.

Oklahoma City, Oklahoma

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Cole, Paine & Carlin 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:

Cole, Paine & Carlin Insurance Agency, Inc.
1140 Northwest 50th Street
Oklahoma City, OK 73118

Fax: 405-843-5782

Email: cpc@cpcinsurance.com