

Sailor & Associates Insurance

St. Louis, Missouri

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Sailor & Associates Insurance:

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:

Sailor & Associates Insurance
10371 West Florissant Ave.
St. Louis, Missouri 63136

Fax: 314-524-6305

Email: agents@sailorandassociates.com