

The Lesser Agency

Skokie, Illinois

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To The Lesser 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:

The Lesser Agency
5225 Old Orchard Rd Ste 25B
Skokie, IL 60077

Fax: 847-675-3105

Email: sales@lesseragency.com