

Wayne Hilzinger Agency

Saint Louis, Missouri

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Wayne Hilzinger 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:

Wayne Hilzinger Agency
5520 Telegraph Rd Ste 103
Saint Louis, MO 63129

Fax: 314-815-3402

Email: wayneh@ins-con.com