

**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