

# Rick Powell Insurance Agency LLC

Burbank, California

## Insurance Policy Cancellation

Insurance Company: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

Cancellation date: \_\_\_\_\_ at 12:01 a.m.

To Rick Powell Insurance Agency LLC:

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:

Rick Powell Insurance Agency LLC

3500 W Olive Ave #300

Burbank, CA 91505

Fax: 760-804-9710

Email: [rick@insurance4ca.com](mailto:rick@insurance4ca.com)