

# West Insurance Agency

Wilson, North Carolina

## Insurance Policy Cancellation

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

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

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

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

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

To West Insurance 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:

West Insurance Agency  
2801 Nash St NW Ste B  
Wilson, NC 27896

Fax: 252-237-1730

Email: [justin@westinsurancenc.com](mailto:justin@westinsurancenc.com)