W.J. Burton Insurance Agency
Woodbury, Connecticut

Insurance Policy Cancellation

Insurance Company: _____ Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To W.J. Burton 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:

W.J. Burton Insurance Agency
One Sherman Hill Rd
Woodbury, CT 06798

Fax: 203-266-0496

Email: kolmstead@wjburton.com