

ATC Agency

Minneapolis, Minnesota

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To ATC 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:

ATC Agency
3249 Hennepin Ave S, Suite 253
Minneapolis, Minnesota 55408

Fax: 952-746-1050

Email: info@atcagency.com