

# ATC Agency

Edina, 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  
6950 France Ave S, Suite 204  
Edina, Minnesota 55435

Fax: 952-746-1050

Email: [info@atcagency.com](mailto:info@atcagency.com)