

Johnson & Wood Insurance Services, Inc.

Carlsbad, California

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Johnson & Wood Insurance Services, Inc.:

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:

Johnson & Wood Insurance Services, Inc.
5731 Palmer Way Suite D
Carlsbad, California 92010

Fax: 760-603-8135

Email: jwi@johnsonwood.com