

Insurance Managers, Inc.

Insurance Policy Cancellation

Tupelo,

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Insurance Managers, 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:

Insurance Managers, Inc.
410 North Gloster Street
Tupelo, Mississippi 38804

Fax: 662-844-2532

Email: inmgr@netbci.com