

Capstone Insurance Agency

Overland Park, Kansas

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Capstone 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:

Capstone Insurance Agency
12721 Metcalf Ave Suite 100
Overland Park, KS 66213

Fax: 913-825-2701

Email: Info@CapstoneAgency.com