

**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](mailto:info@CapstoneAgency.com)