Neighbors Plus Insurance Services

Insurance Policy Cancellation

Lakewood, California

Insurance Company:	Today's Date:
Name of Insured:	
Policy Number(s):	
Cancellation date: at 12:01 a.m.	
To Neighbors Plus Insurance Services:	
Please cancel the insurance policy or policies as indicated	d above on the date specified.
I understand that you may contact me for verification of 1	my cancellation request.
Sincerely,	
Signature:	
Print name:	
Please mail, fax, or email this form to:	
Neighbors Plus Insurance Services	
6414 Del Amo Blvd Lakewood, CA 90713	

Fax: 562-377-7170

Email: info@np.insure