

Neighbors Plus Insurance Services

Lakewood, California

Insurance Policy Cancellation

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 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:

Neighbors Plus Insurance Services
6414 Del Amo Blvd
Lakewood, CA 90713

Fax: 562-377-7170

Email: info@np.insure