

Bolte Insurance Agency

Port Clinton, Ohio

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Bolte 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:

Bolte Insurance Agency
134 E Second Street
Port Clinton, OH 43452

Fax: 419-734-9476

Email: insuranceinfo@bolterealty.com