

Graf Group Insurance

Maryland Heights, Missouri

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Graf Group Insurance:

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:

Graf Group Insurance
#6 Fee Fee Road
Maryland Heights, MO 63043

Fax: 314-291-1611

Email: kimberleygraf@yahoo.com