

# **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](mailto:kimberleygraf@yahoo.com)