

# California Brokerage Insurance Associates

San Diego, California

Insurance Policy Cancellation

Insurance Company: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

Cancellation date: \_\_\_\_\_ at 12:01 a.m.

To California Brokerage Insurance Associates:

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:

California Brokerage Insurance Associates  
3180 University Ave, Ste 120  
San Diego, California 92104

Fax: 619-282-5484

Email: [customerservice@uinsureit.com](mailto:customerservice@uinsureit.com)