

**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