

Integra Insurance Group

Baton Rouge, Louisiana

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Integra Insurance Group:

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:

Integra Insurance Group
4212 American Way, Suite A
Baton Rouge, LA 70816

Fax: 888-716-7290

Email: info@integragroup.us