

Advantage Partners Inc.

Astoria, New York

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Advantage Partners Inc.:

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:

Advantage Partners Inc.
3719 Broadway, 2nd Floor
Astoria, New York 11103

Fax: 347-721-9839

Email: info@click2quote.com