

Freedom Insurance Agency, Inc.

Burnsville, Minnesota

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Freedom Insurance Agency, 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:

Freedom Insurance Agency, Inc.
11979 County Road 11, Ste 271
Burnsville, MN 55337

Fax: 952-513-2094

Email: office@freedominsagent.com