

**Partner Agency Insurance Services, Inc.**

Brea, California

**Insurance Policy Cancellation**

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

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

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

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

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

To Partner Agency Insurance Services, 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:

Partner Agency Insurance Services, Inc.  
975 W. Imperial Hwy #100  
Brea, CA 92821

Fax: 714-482-9525

Email: [partner@partneragency.com](mailto:partner@partneragency.com)