

McGaughey Insurance

Harrison, Arkansas

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To McGaughey Insurance:

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:

McGaughey Insurance
105 E Crandall Ave, Ste B
Harrison, AR 72601

Fax: 870-741-0834

Email: rick.milburn@mcgaugheyins.com