

C W Baker Insurance Agency Inc.

Lockport, New York

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To C W Baker 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:

C W Baker Insurance Agency Inc.

53 Walnut Street

Lockport, NY 14095

Fax: 716-433-3185

Email: cwbaker@cwbaker.com