

Schilling & Reid Insurance Agency

Amite, Louisiana

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Schilling & Reid Insurance Agency:

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:

Schilling & Reid Insurance Agency
137 East Oak Street
Amite, LA 70422

Fax: 985-748-8500

Email: lee@schillingreidinsurance.com