

# McFarlane-King Agency

Garden City, Michigan

## Insurance Policy Cancellation

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

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

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

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

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

To McFarlane-King 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:

McFarlane-King Agency  
28230 Ford Road  
Garden City, MI 48135

Fax: 734-427-4920

Email: [info@mkainsurance.com](mailto:info@mkainsurance.com)