

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