

# Erny Insurance Agency

Lafayette, Louisiana

## Insurance Policy Cancellation

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

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

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

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

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

To Erny 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:

Erny Insurance Agency  
107A Energy Parkway  
Lafayette, LA. 70508

Fax: 337-234-6210

Email: [WeCanHelp@ErnyIns.com](mailto:WeCanHelp@ErnyIns.com)