

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