

# InsuranceDude.com

Ventura, California

## Insurance Policy Cancellation

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

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

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

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

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

To InsuranceDude.com:

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:

InsuranceDude.com  
2734 Johnson Drive, Suite #104  
Ventura, California 93003

Fax: 877-885-3488

Email: [service@InsuranceDude.com](mailto:service@InsuranceDude.com)