

Bill White Insurance Agency, Inc.

Springfield, Missouri

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

Cancellation date: _____ at 12:01 a.m.

To Bill White Insurance Agency, Inc.:

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:

Bill White Insurance Agency, Inc.
4650 S National Ave, Suite A-2
Springfield, MO 65810

Fax: 417-881-8590

Email: info@billwhiteinsurance.com