

**Morrison Insurance Agency**

Lakewood, Colorado

**Insurance Policy Cancellation**

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

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

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

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

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

To Morrison 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:

Morrison Insurance Agency  
2535 S Lewis Way #108  
Lakewood, CO 80227

Fax: 303-988-0281

Email: [terri@morrinsurance.com](mailto:terri@morrinsurance.com)