

# Amity Insurance & Financial Services, LLC

Orange, Connecticut

Insurance Policy Cancellation

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

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

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

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

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

To Amity Insurance & Financial Services, LLC:

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:

Amity Insurance & Financial Services, LLC  
35 Old Tavern Road / P.O. Box 952  
Orange, CT 06477

Fax: 203-389-1999

Email: [info@amityabc.com](mailto:info@amityabc.com)