

**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