

**R.L. Milsner, Inc. Insurance Brokerage**

Walnut Creek, California

**Insurance Policy Cancellation**

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

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

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

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

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

To R.L. Milsner, Inc. Insurance Brokerage:

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:

R.L. Milsner, Inc. Insurance Brokerage  
1233 Alpine Road  
Walnut Creek, CA 94596

Fax: 925-932-2317

Email: [jjdimaso@rlmilsner.com](mailto:jjdimaso@rlmilsner.com)