R.L. Milsner, Inc. Insurance Brokerage

Insurance Policy Cancellation

Walnut Creek, California

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