

United Insurance Agency

El Dorado, Arkansas

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

Cancellation date: _____ at 12:01 a.m.

To United 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:

United Insurance Agency

116 W Elm Street

El Dorado, AR 71730

Fax: 870-862-6956

Email: info.uia@uia-eld.com