

Colonna Insurance Services, LLC

Hamden, Connecticut

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Colonna Insurance 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:

Colonna Insurance Services, LLC
1828 Dixwell Avenue
PO Box 4245
Hamden, Connecticut 06514

Fax: 203-230-2211

Email: office@colonnainsurance.com