

Integra Insurance Group, Inc.

Peoria, Arizona

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Integra Insurance Group, Inc.:

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:

Integra Insurance Group, Inc.
13350 North 94th Drive, Suite B
Peoria, Arizona 85381

Fax: 623-388-4602

Email: sales@iigroupinc.com