

# 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 C103  
Peoria, Arizona 85381

Fax: 623-388-4602

Email: [sales@iigroupinc.com](mailto:sales@iigroupinc.com)