

**Plapp Insurance Services, Inc.**

Forest Park, Illinois

**Insurance Policy Cancellation**

Insurance Company: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

Cancellation date: \_\_\_\_\_ at 12:01 a.m.

To Plapp Insurance Services, 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:

Plapp Insurance Services, Inc.  
7310 Madison St  
Forest Park, IL 60130

Fax: 708-484-2670

Email: [scott@plappinsurance.com](mailto:scott@plappinsurance.com)