

**Collins Advantage Insurance Agency, LLC**

Butte, Montana

**Insurance Policy Cancellation**

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

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

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

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

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

To Collins Advantage Insurance Agency, 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:

Collins Advantage Insurance Agency, LLC  
2537 Harrison Avenue  
Butte, Montana 59701

Fax: 406-782-1294

Email: mtjenny@gmail.com