Collins Advantage Insurance Agency, LLC

Insurance Policy Cancellation

Butte, Montana

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