

The Reis Group

Kingston, New York

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To The Reis Group:

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:

The Reis Group
475 Washington Avenue
Kingston, NY 12401

Fax: 845-338-4113

Email: info@reisinsurance.com