

Pillar Insurance Partners LLC

Fresno, California

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Pillar Insurance Partners 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:

Pillar Insurance Partners LLC

1477 E. Shaw Suite 140

Fresno, California 93710

Fax: 559-436-0205

Email: cwarren@pillarcentral.com