

Meiers Lombardini Lemanski Insurance Services

Insurance Policy Cancellation

East Lansing, Michigan

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Meiers Lombardini Lemanski Insurance Services:

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:

Meiers Lombardini Lemanski Insurance Services
2760 East Lansing Drive
East Lansing, MI 48823

Fax: 517-351-0014

Email: lisa@mllins.com