

**CIC Agency, Inc**

Cincinnati, Ohio

**Insurance Policy Cancellation**

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

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

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

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

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

To CIC Agency, Inc:

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:

CIC Agency, Inc  
1060 Nimitzview Dr, Ste 120  
Cincinnati, Ohio 45230

Fax: 513-684-7904

Email: [mike@cincyins.com](mailto:mike@cincyins.com)