**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