

# Schuberg Agency, Inc.

Big Rapids, Michigan

## Insurance Policy Cancellation

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

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

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

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

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

To Schuberg 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:

Schuberg Agency, Inc.  
107 North Michigan Avenue  
Big Rapids, Michigan 49307

Fax: 231-796-5022

Email: [info@schubergagency.com](mailto:info@schubergagency.com)