

# Conner & Duffer Insurance

New Boston, Texas

## Insurance Policy Cancellation

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

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

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

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

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

To Conner & Duffer Insurance:

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:

Conner & Duffer Insurance  
305 N Center Street  
New Boston, TX 75570

Fax: 903-628-2801

Email: [chadduffercdi@gmail.com](mailto:chadduffercdi@gmail.com)