

Bitner-Henry Insurance Agency, Inc

Hagerstown, Maryland

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Bitner-Henry Insurance 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:

Bitner-Henry Insurance Agency, Inc
401 E. Antietam Street, Suite B
Hagerstown, Maryland 21740

Fax: 301-739-1239

Email: ContactUs@BitnerHenry.com