

**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: [service@bitnerhenry.com](mailto:service@bitnerhenry.com)