



**BITNER HENRY**  
INSURANCE GROUP

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 or email this form to:

Bitner Henry Insurance Group  
401 E. Antietam Street  
Hagerstown, MD 21740

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