

Goss Logan Insurance

Lebanon, New Hampshire

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Goss Logan 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:

Goss Logan Insurance
17 Mascoma Street
Lebanon, NH 03766

Fax: 603-448-0036

Email: chris.tracy@gosslogan.com