

# The Insurance Exchange LTD

Oak Forest, Illinois

## Insurance Policy Cancellation

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

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

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

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

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

To The Insurance Exchange LTD:

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:

The Insurance Exchange LTD  
14930 S. Cicero Ave  
Oak Forest, Illinois 60452

Fax: 708-535-3721

Email: [insuranceexchange@insxchg.com](mailto:insuranceexchange@insxchg.com)