

**Phillips Brokerage, Inc.**

Astoria, New York

**Insurance Policy Cancellation**

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

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

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

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

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

To Phillips Brokerage, 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:

Phillips Brokerage, Inc.  
37-19 Broadway, 2nd Floor  
Astoria, New York 11103

Fax: 718-545-8531

Email: [aphillips@phillipsbrokerage.com](mailto:aphillips@phillipsbrokerage.com)