

Myers, Benner Corporation

Allentown, Pennsylvania

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Myers, Benner Corporation:

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:

Myers, Benner Corporation
2895 Hamilton Boulevard Suite #201
Allentown, Pennsylvania 18104

Fax: 610-770-9726

Email: sales@myersbenner.com