

Cardenas Insurance Services Inc

Rancho Cucamonga, California

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Cardenas Insurance Services 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:

Cardenas Insurance Services Inc
9350 7th Street, Suite B
Rancho Cucamonga, CA 91730

Fax: 909-941-1412

Email: info@inssvcs.com