

# Gartman Insurance

Erlanger, KY

## Insurance Policy Cancellation

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

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

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

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

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

To Gartman 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:

Gartman Insurance  
495 Erlanger Rd Ste 104  
Erlanger, Kentucky 41018

Fax: 859-448-5300

Email: [info@gartmaninsurance.com](mailto:info@gartmaninsurance.com)