

American Insurance

Lewiston, Idaho

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To American 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:

American Insurance
55 Southway Ave
Lewiston, ID 83501

Fax: 208-746-9640

Email: info@AmericanInsuranceID.com