

Lamplighter Insurance

Columbia, South Carolina

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Lamplighter 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:

Lamplighter Insurance
4700 Forest Drive Ste 202A
Columbia, SC 29206

Fax: 803-451-0082

Email: info@lamplighterinsurance.com