

**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  
2323 Devine St  
Columbia, South Carolina 29205

Fax: 803-451-0082

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