

**Jack Stone Insurance Agency, Inc.**

, California

**Insurance Policy Cancellation**

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

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

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

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

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

To Jack Stone Insurance Agency, 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:

Jack Stone Insurance Agency, Inc.  
144 Contiente Ave, Suite 210  
Brentwood, California 94513

Fax: 925-240-1846

Email: [service@jackstoneinsurance.com](mailto:service@jackstoneinsurance.com)