

# Lawrence Insurance Agency Inc

Okeechobee, Florida

## Insurance Policy Cancellation

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

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

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

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

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

To Lawrence 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:

Lawrence Insurance Agency Inc  
2020 South Parrott Ave  
Okeechobee, FL 34974

Fax: 863-467-5142

Email: [contact@lawrenceins.com](mailto:contact@lawrenceins.com)