

## **O'Connor Insurance**

Old Saybrook,

## **Insurance Policy Cancellation**

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

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

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

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

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

To O'Connor 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:

O'Connor Insurance  
50 Pond Road  
Old Saybrook, CT 06475

Fax: 860-395-1111

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