

# Wichert Insurance

Cuyahoga Falls, Ohio

## Insurance Policy Cancellation

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

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

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

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

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

To Wichert 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:

Wichert Insurance  
1200 Graham Rd  
Cuyahoga Falls, OH 44224

Fax: 330-929-7762

Email: [webinfo@wichert.com](mailto:webinfo@wichert.com)