

**Insurance Policy Cancellation**Combs Drury Reeves
Leonardtown, Maryland

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

Cancellation date: _____ at 12:01 a.m.

To Combs Drury Reeves Insurance Agency:

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,

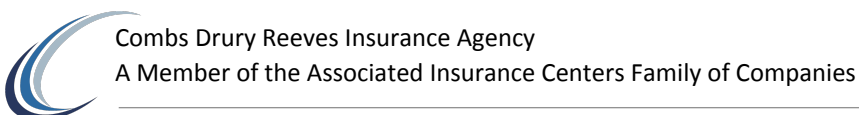
Signature: _____

Print name: _____

Please mail, fax, or email this form to:

Combs Drury Reeves Insurance Agency41625 Park Avenue
PO Box 661
Leonardtown, MD 20650

Fax: 301-475-2928

Email: leonardtown@inscenters.comwww.inscenters.com

41625 Park Avenue Leonardtown, MD 20650

Phone: 800-974-5665 // Fax: 301-475-2928