

# All Spectrum Insurance Brokers, Inc.

San Jose, California

## Insurance Policy Cancellation

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

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

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

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

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

To All Spectrum Insurance Brokers, 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:

All Spectrum Insurance Brokers, Inc.

4300 Stevens Creek, Ste #100

San Jose, CA 95129

Fax: 866-826-6781

Email: [info@asibrokers.com](mailto:info@asibrokers.com)