

Fanelli, Harley, Harper & Assoc

Paoli, Pennsylvania

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Fanelli, Harley, Harper & Assoc:

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:

Fanelli, Harley, Harper & Assoc
42 E Lancaster Ave Ste 101
Paoli, PA 19301

Fax: 610-995-9107

Email: