

Insurance Network of Louisiana

Baton Rouge, Louisiana

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Insurance Network of Louisiana:

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:

Insurance Network of Louisiana
4606 Bluebonnet Blvd.
Baton Rouge, LA 70809

Fax: 225-293-4090

Email: carl@lainsurance.net