

Sneed, Robinson & Gerber Inc.

Memphis, Tennessee

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Sneed, Robinson & Gerber 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:

Sneed, Robinson & Gerber Inc.

6645 Stage Road

Memphis, TN 38134

Fax: 1-901-372-4752

Email: home@sneedinsurance.com