

# Florida Insurance Marketers, Inc

Weston, Florida

## Insurance Policy Cancellation

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

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

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

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

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

To Florida Insurance Marketers, 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:

Florida Insurance Marketers, Inc  
2700 Glades Cir Ste 145  
Weston, FL 33327

Fax: 866-873-2384

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