

**Lewis R. Gammons Insurance Agency,
Inc.**

Lakeville, Massachusetts

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Lewis R. Gammons Insurance Agency, 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:

Lewis R. Gammons Insurance Agency, Inc.

328 Bedford St

Lakeville, MA 02347

Fax: 508-947-6844

Email: info@gammonsinsurance.com