

Dukes-Moore Insurance Agency, Inc.

Chestertown, Maryland

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Dukes-Moore 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:

Dukes-Moore Insurance Agency, Inc.
205 High Street, P.O. Box 179
Chestertown, Maryland 21620

Fax: 410-778-4375

Email: contact@dukesmoore.com