Phillips Brokerage, Inc.

Astoria, New York

Insurance Company: _____   Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Phillips Brokerage, 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:

Phillips Brokerage, Inc.
37-19 Broadway, 2nd Floor
Astoria, New York 11103

Fax: 718-545-8531

Email: mtzan@phillipsbrokerage.com