

Marten Insurance, Inc.

Raymond, Illinois

Insurance Policy Cancellation

Insurance Company: _____

Today's Date: _____

Name of Insured: _____

Policy Number(s): _____

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

To Marten Insurance, 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:

Marten Insurance, Inc.
801 N. O'Bannon
PO Box 50
Raymond, IL 62560

Fax: 217-229-3748

Email: martenins@marteninsurance.com